

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) 00015507	2 Total pages filed: 206
3 COMMITTEE NAME Harris County Democratic Party (CEC)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3302 Canal St Houston, TX 77003		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Michael P. NICKNAME LAST SUFFIX Doyle		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3302 Canal St Houston, TX 77003		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3401 Allen Parkway Suite 100 Houston, TX 77019		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 554-9079		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <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 Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Harris County Democratic Party (CEC)		13 Filer ID (Ethics Commission Filers) 00015507
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 Taylor Rehmet State Senator
		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 518,323.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 371,984.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 158,014.72
OUTSTANDING LOAN TOTALS	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.

Michael P. Doyle

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 - CEC**FORM CEC**
COVER SHEET PG 3
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17 COMMITTEE NAME Harris County Democratic Party (CEC)		18 Filer ID (Ethics Commission Filers) 00015507
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 516,968.55
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,355.30
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	\$ 371,984.19
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/93 Rpt: 4/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/25/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00843227) AMANDA EDWARDS FOR CONGRESS <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77288-0228	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Federal Campaign Committee		9 Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Adrian Garcia for County Commissioner <hr/> Contributor address; City; State; Zip Code Houston, TX 77256-6386	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Alexander, Lillian Denree (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Alvarado, State Senator Carol <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-4019	Amount of Contribution (\$) \$3,622.75
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Alvarado, State Senator Carol <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-4019	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/93 Rpt: 5/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley 6 Contributor address; City; State; Zip Code Houston, TX 77292-5922	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley Contributor address; City; State; Zip Code Houston, TX 77292-5922	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley Contributor address; City; State; Zip Code Houston, TX 77292-5922	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley Contributor address; City; State; Zip Code Houston, TX 77292-5922	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley Contributor address; City; State; Zip Code Houston, TX 77292-5922	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/93 Rpt: 6/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77292-5922	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley <hr/> Contributor address; City; State; Zip Code Houston, TX 77292-5922	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Lancelin for Judge of the 245th <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-6005	Amount of Contribution (\$) \$6,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Beverly (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-6467	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Mrs T H <hr/> Contributor address; City; State; Zip Code Houston, TX 77028-3849	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Education

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/93 Rpt: 7/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Mrs. T. H. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77028-3849	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Education
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, T <hr/> Contributor address; City; State; Zip Code Houston, TX 77028-3849	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Education
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, T <hr/> Contributor address; City; State; Zip Code Houston, TX 77028-3849	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Education
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, T H <hr/> Contributor address; City; State; Zip Code Houston, TX 77028-3849	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Education
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, T. H. <hr/> Contributor address; City; State; Zip Code Houston, TX 77028-3849	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Education

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/93 Rpt: 8/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrie Lawton Evans for Judge <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-6530	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/93 Rpt: 9/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Lucia 6 Contributor address; City; State; Zip Code Houston, TX 77049-5701	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Justice of the Peace		9 Employer (See Instructions) Harris county
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Lucia Contributor address; City; State; Zip Code Houston, TX 77049-5701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris county
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Lucia Contributor address; City; State; Zip Code Houston, TX 77049-5701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris county
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Lucia Contributor address; City; State; Zip Code Houston, TX 77049-5701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris county
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Lucia Contributor address; City; State; Zip Code Houston, TX 77049-5701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris county

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/93 Rpt: 10/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Lucia 6 Contributor address; City; State; Zip Code Houston, TX 77049-5701	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Justice of the Peace		9 Employer (See Instructions) Harris county
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beau Miller Campaign Contributor address; City; State; Zip Code Houston, TX 77004-7138	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beau Miller Campaign Contributor address; City; State; Zip Code Houston, TX 77004-7138	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellaire/Braeswood Democrats Contributor address; City; State; Zip Code Bellaire, TX 77401-2814	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Janice L (Judge) Contributor address; City; State; Zip Code Houston, TX 77080-7607	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Janice L (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77080-7607	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Janice L (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-7607	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Janice L (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-7607	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Janice L (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-7607	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Janice L (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-7607	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/93 Rpt: 12/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Armstrong Campaign <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044-6467	7 Amount of Contribution (\$) \$6,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykins Sr., Roger Bruce <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2006	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Marilyn Kaye <hr/> Contributor address; City; State; Zip Code Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Harris County
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Marilyn Kaye <hr/> Contributor address; City; State; Zip Code Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Harris County
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Marilyn Kaye <hr/> Contributor address; City; State; Zip Code Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/93 Rpt: 13/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Marilyn Kaye <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77086-1793	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) District Clerk		9 Employer (See Instructions) Harris County
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Marilyn Kaye <hr/> Contributor address; City; State; Zip Code Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Harris County
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Marilyn Kaye <hr/> Contributor address; City; State; Zip Code Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Harris County
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bybee, Kim <hr/> Contributor address; City; State; Zip Code Clinton, MO 64735-1755	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Clinical Analyst		Employer (See Instructions) Golden Valley Memorial Hospital
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CD18 Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5344	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/93 Rpt: 14/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Audie <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539-4146	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kyle (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5946	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kyle (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5946	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kyle (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5946	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kyle (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5946	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/93 Rpt: 15/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kyle (Judge) 6 Contributor address; City; State; Zip Code Houston, TX 77004-5946	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Kyle (Judge) Contributor address; City; State; Zip Code Houston, TX 77004-5946	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Jr., Mario Anthony Contributor address; City; State; Zip Code Houston, TX 77008-4744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Mario for Houston
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Jr., Mario Anthony Contributor address; City; State; Zip Code Houston, TX 77008-4744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Mario for Houston
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Jr., Mario Anthony Contributor address; City; State; Zip Code Houston, TX 77008-4744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Mario for Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/93 Rpt: 16/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Jr., Mario Anthony <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-4744	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Campaign		9 Employer (See Instructions) Mario for Houston
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Jr., Mario Anthony <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4744	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Mario for Houston
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Jr., Mario Anthony <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Mario for Houston
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Jr., Mario Anthony <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4744	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Mario for Houston
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Elliott Thornton for Judge <hr/> Contributor address; City; State; Zip Code Houston, TX 77221-1341	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/93 Rpt: 17/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Weems for Judge Campaign <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-1141	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Pat <hr/> Contributor address; City; State; Zip Code Ballston Spa, NY 12020-3038	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3311	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3311	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3311	Amount of Contribution (\$) \$3,097.70
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/93 Rpt: 18/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-3311	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Texas
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3311	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3311	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3311	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jason Andrew (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-6240	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) HARRIS COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/93 Rpt: 19/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jason Andrew (Judge)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008-6240	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) HARRIS COUNTY

Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jason Andrew (Judge)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77008-6240	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) HARRIS COUNTY

Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jason Andrew (Judge)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77008-6240	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) HARRIS COUNTY

Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jason Andrew (Judge)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77008-6240	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) HARRIS COUNTY

Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Jason Andrew (Judge)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77008-6240	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) HARRIS COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/93 Rpt: 20/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft-Demming, Tamika <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346-3127	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft-Demming, Tamika <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-3127	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft-Demming, Tamika <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-3127	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Jan Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77015-3132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Jan Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77015-3132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		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: 18/93 Rpt: 21/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Jan Carol (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77015-3132	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Jan Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77015-3132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Jan Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77015-3132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, Jan Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77015-3132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curvey, Damiane Dianne <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-1762	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/93 Rpt: 22/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cy Fair Area Democratic Club <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cypress-Tomball Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-2458	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cypress-Tomball Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77070-2458	Amount of Contribution (\$) \$4,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/93 Rpt: 23/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-4543	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Economic Analyst		9 Employer (See Instructions) StaffLink Inc
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrah, Glenn <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-4543	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Economic Analyst		Employer (See Instructions) StaffLink Inc
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samantha <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-0682	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/93 Rpt: 24/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samantha <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77231-0682	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samantha <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-0682	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samantha <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-0682	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samantha <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-0682	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samantha <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-0682	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/93 Rpt: 25/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samantha <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77231-0682	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denrler, Kate <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385-3479	Amount of Contribution (\$) \$26.13
Principal occupation / Job title (See Instructions) Chief of staff		Employer (See Instructions) District C City of Houston
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denrler, Kate <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385-3479	Amount of Contribution (\$) \$26.13
Principal occupation / Job title (See Instructions) Chief of staff		Employer (See Instructions) District C City of Houston
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denrler, Kate <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385-3479	Amount of Contribution (\$) \$26.13
Principal occupation / Job title (See Instructions) Chief of staff		Employer (See Instructions) District C City of Houston
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Roth for Judge <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7524	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/93 Rpt: 26/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael Patrick <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$2,066.81
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Doyle Dennis Avery LLP
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael Patrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$5,175.25
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Doyle Dennis Avery LLP
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duble, Steven Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris County Texas
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duble, Steven Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris County Texas
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duble, Steven Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris County Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/93 Rpt: 27/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duble, Steven Michael 6 Contributor address; City; State; Zip Code Houston, TX 77098-1426	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Justice of the Peace		9 Employer (See Instructions) Harris County Texas
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duble, Steven Michael Contributor address; City; State; Zip Code Houston, TX 77098-1426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris County Texas
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duble, Steven Michael Contributor address; City; State; Zip Code Houston, TX 77098-1426	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Harris County Texas
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunson, Linda Marie (Judge) Contributor address; City; State; Zip Code Houston, TX 77004-5142	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney Glenn Contributor address; City; State; Zip Code Houston, TX 77005-1528	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/93 Rpt: 28/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans-Shabazz, Carolyn Edwina <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-6210	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Council Member		9 Employer (See Instructions) City of Houston
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans-Shabazz, Carolyn Edwina <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-6210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Houston
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans-Shabazz, Carolyn Edwina <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-6210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Houston
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans-Shabazz, Carolyn Edwina <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-6210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Houston
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans-Shabazz, Carolyn Edwina <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-6210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/93 Rpt: 29/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans-Shabazz, Carolyn Edwina <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-6210	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Council Member		9 Employer (See Instructions) City of Houston
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-3241	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-3241	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-3241	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-3241	Amount of Contribution (\$) \$20.00
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: 27/93 Rpt: 30/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Jennifer 6 Contributor address; City; State; Zip Code Houston, TX 77006-3241	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallon, Jennifer Contributor address; City; State; Zip Code Houston, TX 77006-3241	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Toria Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Toria Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Toria Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/93 Rpt: 31/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Toria 6 Contributor address; City; State; Zip Code Humble, TX 77396-1972	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Toria Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Toria Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, William George Contributor address; City; State; Zip Code Houston, TX 77034	Amount of Contribution (\$) \$10.00
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#: _____) Frame, William George Contributor address; City; State; Zip Code Houston, TX 77034	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: 29/93 Rpt: 32/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, William George <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77034	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, William George <hr/> Contributor address; City; State; Zip Code Houston, TX 77034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, William George <hr/> Contributor address; City; State; Zip Code Houston, TX 77034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, William George <hr/> Contributor address; City; State; Zip Code Houston, TX 77034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaido, Colleen <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3529	Amount of Contribution (\$) \$360.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/93 Rpt: 33/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaido, Colleen 6 Contributor address; City; State; Zip Code Houston, TX 77005-3529	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) State of Texas
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaido, Colleen Contributor address; City; State; Zip Code Houston, TX 77005-3529	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaido, Colleen Contributor address; City; State; Zip Code Houston, TX 77005-3529	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaido, Colleen Contributor address; City; State; Zip Code Houston, TX 77005-3529	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaido, Colleen Contributor address; City; State; Zip Code Houston, TX 77005-3529	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/93 Rpt: 34/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaido, Colleen 6 Contributor address; City; State; Zip Code Houston, TX 77005-3529	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) State of Texas
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garnet Coleman Campaign Contributor address; City; State; Zip Code Houston, TX 77288-0140	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge) Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge) Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge) Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/93 Rpt: 35/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge) 6 Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) State of Texas
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge) Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge) Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge) Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germaine J Tanner Campaign Fund Contributor address; City; State; Zip Code Houston, TX 77269-1612	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/93 Rpt: 36/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesen, Cassandra 6 Contributor address; City; State; Zip Code Novato, CA 94945-1657	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) property owner/manager		9 Employer (See Instructions) Self-Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesen, Cassandra Contributor address; City; State; Zip Code Novato, CA 94945-1657	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) property owner/manager		Employer (See Instructions) Self-Employed
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesen, Cassandra Contributor address; City; State; Zip Code Novato, CA 94945-1657	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) property owner/manager		Employer (See Instructions) Self-Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesen, Cassandra Contributor address; City; State; Zip Code Novato, CA 94945-1657	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) property owner/manager		Employer (See Instructions) Self-Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesen, Cassandra Contributor address; City; State; Zip Code Novato, CA 94945-1657	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) property owner/manager		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/93 Rpt: 37/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldfine, Irwin 6 Contributor address; City; State; Zip Code Glenview, IL 60025-4725	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Michael Paul (Judge) Contributor address; City; State; Zip Code Houston, TX 77002-9546	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves-Harrington, Angela (Judge) Contributor address; City; State; Zip Code Humble, TX 77346-4401	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves-Harrington, Angela (Judge) Contributor address; City; State; Zip Code Humble, TX 77346-4401	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves-Harrington, Angela (Judge) Contributor address; City; State; Zip Code Humble, TX 77346-4401	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/93 Rpt: 38/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves-Harrington, Angela (Judge)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Humble, TX 77346-4401		
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves-Harrington, Angela (Judge)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Humble, TX 77346-4401		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves-Harrington, Angela (Judge)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Humble, TX 77346-4401		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lori	Amount of Contribution (\$) \$207.25
Contributor address; City; State; Zip Code Houston, TX 77291		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lori C (Judge)	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Houston, TX 77291-1225		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/93 Rpt: 39/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lori C (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77291-1225	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lori C (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77291-1225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lori C (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77291-1225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Amparo (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5237	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) 1st Court of Appeals
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Amparo (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5237	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) 1st Court of Appeals

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/93 Rpt: 40/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Amparo (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-5237	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) 1st Court of Appeals
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Amparo (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5237	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) 1st Court of Appeals
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Amparo (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5237	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) 1st Court of Appeals
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Amparo (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5237	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) 1st Court of Appeals
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guice, Ashley <hr/> Contributor address; City; State; Zip Code Houston, TX 77288-0378	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/93 Rpt: 41/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ursula ANTOINETTE (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002-1901	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ursula ANTOINETTE (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ursula ANTOINETTE (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ursula ANTOINETTE (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ursula ANTOINETTE (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/93 Rpt: 42/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ursula ANTOINETTE (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002-1901	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Bruce <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-3829	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Bruce <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-3829	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Bruce <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-3829	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Bruce <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-3829	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		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: 40/93 Rpt: 43/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Bruce <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077-3829	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Bruce <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-3829	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris Co Tejano Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77009-6755	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00161067) Harris County Democratic Party FED PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1654	Amount of Contribution (\$) \$2,175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris County Democratic Party Primary <hr/> Contributor address; City; State; Zip Code Houston, TX 77020-4304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/93 Rpt: 44/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Mary <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042-3105	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, Sonya Leah (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0811	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas Judiciary
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, Sonya Leah (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0811	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas Judiciary
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, Sonya Leah (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0811	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas Judiciary
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, Sonya Leah (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0811	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas Judiciary

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/93 Rpt: 45/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath, Sonya Leah (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77001-0811	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Texas Judiciary
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ana Elizabeth (The Honorable) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7004	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State Employee
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Benjamin <hr/> Contributor address; City; State; Zip Code Houston, TX 77047-6511	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Human Age Digital
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Benjamin <hr/> Contributor address; City; State; Zip Code Houston, TX 77047-6511	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Human Age Digital
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Benjamin <hr/> Contributor address; City; State; Zip Code Houston, TX 77047-6511	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Human Age Digital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/93 Rpt: 46/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Linda <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-5882	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Phillips 66
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5882	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Phillips 66
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Richard Francis (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-7019	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Spalding Nichols Lamp Langlois
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Richard Francis (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-7019	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Spalding Nichols Lamp Langlois
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Josh (Judge) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4933	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 232nd District Court

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/93 Rpt: 47/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudspeth, Teneshia Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-3908	7 Amount of Contribution (\$) \$1,750.00
8 Principal occupation / Job title (See Instructions) Government		9 Employer (See Instructions) Citizens of Harris County
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humble Area Democrats <hr/> Contributor address; City; State; Zip Code Humble, TX 77347-3863	Amount of Contribution (\$) \$932.77
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS <hr/> Contributor address; City; State; Zip Code Washington, DC 20001-3886	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Talrico Campaign <hr/> Contributor address; City; State; Zip Code Austin, TX 78761-5207	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Berg Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-7607	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/93 Rpt: 48/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Simoneaux for Judge 6 Contributor address; City; State; Zip Code Seabrook, TX 77586-0942	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Kovach Campaign Contributor address; City; State; Zip Code Houston, TX 77007-7239	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Darrell W. Contributor address; City; State; Zip Code Houston, TX 77018-4313	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Military Department
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Darrell W. Contributor address; City; State; Zip Code Houston, TX 77018-4313	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Military Department
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juanita Jackson for Judge Contributor address; City; State; Zip Code Houston, TX 77036-4416	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/93 Rpt: 49/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judge Gloria E. Lopez Campaign <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581-3921	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judge Jason Cox for Probate Court #3 <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-6240	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judge Tanya Garrison Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7524	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karas, James <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227-2119	Amount of Contribution (\$) \$5.00
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#: _____) Katy Area Democrats <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-7620	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/93 Rpt: 50/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katy Jewett Memorial Fund <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-3807	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katy Jewett Memorial Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3807	Amount of Contribution (\$) \$36,302.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katy Jewett Memorial Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3807	Amount of Contribution (\$) \$31,149.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katy Jewett Memorial Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3807	Amount of Contribution (\$) \$30,749.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katy Jewett Memorial Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-3807	Amount of Contribution (\$) \$28,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/93 Rpt: 51/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Andrews Campaign <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-1454	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Andrews Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1454	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Andrews Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1454	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Jim Fredrick (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7239	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Jim Fredrick (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7239	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/93 Rpt: 52/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Jim Fredrick (Judge)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Houston, TX 77007-7239		
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Jim Fredrick (Judge)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77007-7239		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Jim Fredrick (Judge)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77007-7239		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Jim Fredrick (Judge)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77007-7239		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaShawn A. Williams Campaign for Judge	Amount of Contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code Houston, TX 77004-1455		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/93 Rpt: 53/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancelin, Angela Marie (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancelin, Angela Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancelin, Angela Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancelin, Angela Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancelin, Angela Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/93 Rpt: 54/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancelin, Angela Marie (Judge)	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landau, Sarah Beth (Judge)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77009-7214	
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) State of Texas First Court of Appeals
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawton Evans, Audrie McVea (Judge)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77045-2243	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Self Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawton Evans, Audrie McVea (Judge)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77045-2243	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Self Employed
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawton Evans, Audrie McVea (Judge)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77045-2243	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/93 Rpt: 55/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawton Evans, Audrie McVea (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77045-2243	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Self Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawton Evans, Audrie McVea (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77045-2243	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Self Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Shapiro Campaign for Judge <hr/> Contributor address; City; State; Zip Code Houston, TX 77277-2352	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley Briones Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3903	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Hidalgo for Harris County <hr/> Contributor address; City; State; Zip Code Houston, TX 77288-0392	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/93 Rpt: 56/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Hidalgo for Harris County 6 Contributor address; City; State; Zip Code Houston, TX 77288-0392	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Hidalgo for Harris County Contributor address; City; State; Zip Code Houston, TX 77288-0392	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Hidalgo for Harris County Contributor address; City; State; Zip Code Houston, TX 77288-0392	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Hidalgo for Harris County Contributor address; City; State; Zip Code Houston, TX 77288-0392	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Hidalgo for Harris County Contributor address; City; State; Zip Code Houston, TX 77288-0392	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/93 Rpt: 57/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Hidalgo for Harris County 6 Contributor address; City; State; Zip Code Houston, TX 77288-0392	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Dunson Campaign Contributor address; City; State; Zip Code Houston, TX 77267-0785	Amount of Contribution (\$) \$6,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Tatjana Contributor address; City; State; Zip Code Littleton, CO 80128-5890	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Tatjana Contributor address; City; State; Zip Code Littleton, CO 80128-5890	Amount of Contribution (\$) \$2.00
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#: _____) Long, Tatjana Contributor address; City; State; Zip Code Littleton, CO 80128-5890	Amount of Contribution (\$) \$2.00
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: 55/93 Rpt: 58/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Tatjana <hr/> 6 Contributor address; City; State; Zip Code Littleton, CO 80128-5890	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Tatjana <hr/> Contributor address; City; State; Zip Code Littleton, CO 80128-5890	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenberg, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-3336	Amount of Contribution (\$) \$350.25
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyle, Peggy <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manpreet Singh for Judge <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-3901	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/93 Rpt: 59/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Burgess Campaign <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77248-7235	7 Amount of Contribution (\$) \$800.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Castillo Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4744	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Pamela Ann (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-1113	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Pamela Ann (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-1113	Amount of Contribution (\$) \$77.88
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyerland Area Democratic Club <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-0061	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/93 Rpt: 60/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly Cook for State Senate 6 Contributor address; City; State; Zip Code Houston, TX 77266-7238	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michelle (Judge) Contributor address; City; State; Zip Code Spring, TX 77379-3966	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michelle (Judge) Contributor address; City; State; Zip Code Spring, TX 77379-3966	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michelle (Judge) Contributor address; City; State; Zip Code Spring, TX 77379-3966	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Christina Contributor address; City; State; Zip Code Houston, TX 77003-1624	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) Morales Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/93 Rpt: 61/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Melissa Marie (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021-5614	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) 263rd District Court
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Melissa Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-5614	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 263rd District Court
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Melissa Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-5614	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 263rd District Court
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Melissa Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-5614	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 263rd District Court
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Melissa Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-5614	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 263rd District Court

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/93 Rpt: 62/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Melissa Marie (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021-5614	7 Amount of Contribution (\$) \$207.25
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) 263rd District Court
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Melissa Marie (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-5614	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 263rd District Court
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Chris Dean (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge 230th District Court Harris County TX		Employer (See Instructions) State of Texas
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Chris Dean (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge 230th District Court Harris County TX		Employer (See Instructions) State of Texas
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Chris Dean (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge 230th District Court Harris County TX		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/93 Rpt: 63/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Chris Dean (Judge)	7 Amount of Contribution (\$) \$125.00
6 Contributor address; City; State; Zip Code Houston, TX 77002		
8 Principal occupation / Job title (See Instructions) Judge 230th District Court Harris County TX		9 Employer (See Instructions) State of Texas
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Chris Dean (Judge)	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Principal occupation / Job title (See Instructions) Judge 230th District Court Harris County TX		Employer (See Instructions) State of Texas
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Chris Dean (Judge)	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Principal occupation / Job title (See Instructions) Judge 230th District Court Harris County TX		Employer (See Instructions) State of Texas
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Veronica (Judge)	Amount of Contribution (\$) \$180.00
Contributor address; City; State; Zip Code Houston, TX 77040-5168		
Principal occupation / Job title (See Instructions) judge		Employer (See Instructions) texas
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oak Forest Area Democrats	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Houston, TX 77092-5014		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/93 Rpt: 64/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmer, Jean <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-7236	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-3601	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/Harris County
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-3601	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/Harris County
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-3601	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/Harris County
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-3601	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/93 Rpt: 65/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071-3601	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas/Harris County
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peake, Sandra (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-3601	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/Harris County
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Nicole Vyrostek (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3221	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Lawyer (Candidate)		Employer (See Instructions) Self Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Nicole Vyrostek (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3221	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Lawyer (Candidate)		Employer (See Instructions) Self Employed
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Nicole Vyrostek (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3221	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Lawyer (Candidate)		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/93 Rpt: 66/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Nicole Vyrostek (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-3221	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Lawyer (Candidate)		9 Employer (See Instructions) Self Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Nicole Vyrostek (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3221	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Lawyer (Candidate)		Employer (See Instructions) Self Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Nicole Vyrostek (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3221	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Lawyer (Candidate)		Employer (See Instructions) Self Employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local Union No. 68 PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77249-8746	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Edward J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3903	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/93 Rpt: 67/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poritz, Darwin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062-2189	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2189	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2189	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2189	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poritz, Darwin <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2189	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		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: 65/93 Rpt: 68/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poritz, Darwin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062-2189	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Yahaira <hr/> Contributor address; City; State; Zip Code Houston, TX 77052-3661	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) Harris county
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Yahaira <hr/> Contributor address; City; State; Zip Code Houston, TX 77052-3661	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) Harris county
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Yahaira <hr/> Contributor address; City; State; Zip Code Houston, TX 77052-3661	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) 246th Family District Court
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Yahaira <hr/> Contributor address; City; State; Zip Code Houston, TX 77052-3661	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) 246th Family District Court

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/93 Rpt: 69/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Yahaira 6 Contributor address; City; State; Zip Code Houston, TX 77052-3661	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Associate Judge		9 Employer (See Instructions) 246th Family District Court
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William Contributor address; City; State; Zip Code Houston, TX 77007-5157	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William Contributor address; City; State; Zip Code Houston, TX 77007-5157	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William Contributor address; City; State; Zip Code Houston, TX 77007-5157	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William Contributor address; City; State; Zip Code Houston, TX 77007-5157	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/93 Rpt: 70/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-5157	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self-Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Lauren (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-1420	Amount of Contribution (\$) \$5,175.25
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Ronald <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-3802	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) Ron Reynolds (self employed)
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Anthony EDUARDO <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-2618	Amount of Contribution (\$) \$15.78
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Aericasa
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Anthony EDUARDO <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-2618	Amount of Contribution (\$) \$15.78
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Aericasa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/93 Rpt: 71/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Anthony EDUARDO 6 Contributor address; City; State; Zip Code Houston, TX 77007-2618	7 Amount of Contribution (\$) \$15.78
8 Principal occupation / Job title (See Instructions) Financial Analyst		9 Employer (See Instructions) Aericasa
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas-Molloy, Veronica Contributor address; City; State; Zip Code Humble, TX 77396-1120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas-Molloy, Veronica Contributor address; City; State; Zip Code Humble, TX 77396-1120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas-Molloy, Veronica Contributor address; City; State; Zip Code Humble, TX 77396-1120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas-Molloy, Veronica Contributor address; City; State; Zip Code Humble, TX 77396-1120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/93 Rpt: 72/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas-Molloy, Veronica <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77396-1120	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Road Women Democratic Club <hr/> Contributor address; City; State; Zip Code Houston, TX 77227-2678	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1831	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Raul <hr/> Contributor address; City; State; Zip Code Houston, TX 77087-2561	Amount of Contribution (\$) \$550.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Criminal Court at Law Number 13
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Barry <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2637	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CACI NSS Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/93 Rpt: 73/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Barry <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062-2637	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) CACI NSS Inc.
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Barry <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2637	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CACI NSS Inc.
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Barry <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2637	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CACI NSS Inc.
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Barry <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2637	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CACI NSS Inc.
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Barry <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2637	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CACI NSS Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/93 Rpt: 74/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Jean <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520-8014	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Legal secretary		9 Employer (See Instructions) Barry R Benton
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Alex <hr/> Contributor address; City; State; Zip Code Houston, TX 77051-1009	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Judge County Criminal Court at Law #1		Employer (See Instructions) Harris County Tx
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez-Miramontez, LucyAnn <hr/> Contributor address; City; State; Zip Code Waco, TX 76711-1425	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) JP Judge		Employer (See Instructions) McLennan County
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Peake Judicial Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-3601	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sands, Priscilla <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87110-5851	Amount of Contribution (\$) \$5.00
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: 72/93 Rpt: 75/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedrick T. Walker for Judge <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77284-2495	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senfronia Thompson Campaign Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-7430	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Leah (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77277-2352	Amount of Contribution (\$) \$103.75
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/ Harris County
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Leah (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77277-2352	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/ Harris County
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Holly <hr/> Contributor address; City; State; Zip Code Glenside, PA 19038-7422	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) HUP

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/93 Rpt: 76/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shultz, Corey 6 Contributor address; City; State; Zip Code San Rafael, CA 94903-2578	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) Contributor address; City; State; Zip Code Houston, TX 77235-5282	Amount of Contribution (\$) \$62.15
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Probate Court 1
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) Contributor address; City; State; Zip Code Houston, TX 77235-5282	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Probate Court 1
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) Contributor address; City; State; Zip Code Houston, TX 77235-5282	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Probate Court 1
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) Contributor address; City; State; Zip Code Houston, TX 77235-5282	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Probate Court 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/93 Rpt: 77/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77235-5282	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County Probate Court 1
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77235-5282	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Probate Court 1
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77235-5282	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Probate Court 1
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simoneaux II, Jerry Wayne (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77235-5282	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County Probate Court 1
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sneed & Mitchell LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2573	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/93 Rpt: 78/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spagnoletti Law Firm <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002-1629	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain Jr., Charles A. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-7017	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) Court of Appeals Fourteenth District of Texas
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain Jr., Charles A. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-7017	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) Court of Appeals Fourteenth District of Texas
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain Jr., Charles A. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-7017	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) Court of Appeals Fourteenth District of Texas
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain Jr., Charles A. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-7017	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) Court of Appeals Fourteenth District of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/93 Rpt: 79/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain Jr., Charles A. (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002-7017	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Justice		9 Employer (See Instructions) Court of Appeals Fourteenth District of Texas
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain Jr., Charles A. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-7017	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) Court of Appeals Fourteenth District of Texas
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sheryl Caronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-3723	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) United Healthcare
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sheryl Caronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-3723	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) United Healthcare
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sheryl Caronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-3723	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/93 Rpt: 80/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sheryl Caronia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057-3723	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) United Healthcare
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sheryl Caronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-3723	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) United Healthcare
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Sheryl Caronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-3723	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) United Healthcare
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78705-1907	Amount of Contribution (\$) \$3,622.75
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Waldrop Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1832	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/93 Rpt: 81/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Waldrop Campaign 6 Contributor address; City; State; Zip Code Houston, TX 77002-1832	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Lauren Reeder Campaign Contributor address; City; State; Zip Code Houston, TX 77018-1420	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jermaine Contributor address; City; State; Zip Code Houston, TX 77088-6955	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) Harris County Courts at Law
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda Sindelar (Ms.) Contributor address; City; State; Zip Code Houston, TX 77096-4809	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda Sindelar (Ms.) Contributor address; City; State; Zip Code Houston, TX 77096-4809	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: 79/93 Rpt: 82/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda Sindelar (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-4809	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda Sindelar (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4809	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda Sindelar (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4809	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda Sindelar (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4809	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollefson, Linda Sindelar (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4809	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: 80/93 Rpt: 83/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Silvia R <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77023-4523	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Elected - Harris County Constable Precinct 6		9 Employer (See Instructions) Harris County
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Silvia R <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-4523	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Elected - Harris County Constable Precinct 6		Employer (See Instructions) Harris County
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Silvia R <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-4523	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Elected - Harris County Constable Precinct 6		Employer (See Instructions) Harris County
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Silvia R <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-4523	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Elected - Harris County Constable Precinct 6		Employer (See Instructions) Harris County
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Silvia R <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-4523	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Elected - Harris County Constable Precinct 6		Employer (See Instructions) Harris County

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/93 Rpt: 84/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Silvia R <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77023-4523	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Elected - Harris County Constable Precinct 6		9 Employer (See Instructions) Harris County
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unger, Hilary (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3170	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unger, Hilary (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3170	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unger, Hilary (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3170	Amount of Contribution (\$) \$129.26
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-6736	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/93 Rpt: 85/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa J. (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77001-0226	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Texas State Judiciary
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa J. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0226	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas State Judiciary
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa J. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0226	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas State Judiciary
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa J. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0226	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas State Judiciary
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa J. (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77001-0226	Amount of Contribution (\$) \$103.75
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas State Judiciary

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/93 Rpt: 86/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa J. (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77001-0226	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Texas State Judiciary
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Sedrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77284-2495	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Sedrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77284-2495	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Sedrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77284-2495	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Sedrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77284-2495	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/93 Rpt: 87/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Sedrick <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77284-2495	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Sedrick <hr/> Contributor address; City; State; Zip Code Houston, TX 77284-2495	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walle Jr., Armando Lucio (The Honorable) <hr/> Contributor address; City; State; Zip Code Houston, TX 77039-3713	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-4454	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) GeoComputing Group LLC
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-4454	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) GeoComputing Group LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/93 Rpt: 88/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Peter <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77095-4454	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Geophysicist		9 Employer (See Instructions) GeoComputing Group LLC
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-4454	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) GeoComputing Group LLC
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-4454	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) GeoComputing Group LLC
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-4454	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) GeoComputing Group LLC
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasley, William <hr/> Contributor address; City; State; Zip Code Hackensack, NJ 07601-1105	Amount of Contribution (\$) \$2.00
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: 86/93 Rpt: 89/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Fran J. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77035-4337	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris County
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Fran J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-4337	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Fran J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-4337	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Fran J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-4337	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Fran J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-4337	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/93 Rpt: 90/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Christine Vinh (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-1141	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Christine Vinh (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1141	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Christine Vinh (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1141	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Christine Vinh (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1141	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Christine Vinh (Judge) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1141	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/93 Rpt: 91/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Christine Vinh (Judge) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-1141	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells Jr., Clinton Chip E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-6222	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Lawyer/mediator		Employer (See Instructions) Self-Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West Houston Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-5513	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West University Area Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3535	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West University Area Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3535	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/93 Rpt: 92/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West University Area Democrats 6 Contributor address; City; State; Zip Code Houston, TX 77005-3535	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West University Area Democrats Contributor address; City; State; Zip Code Houston, TX 77005-3535	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West University Area Democrats Contributor address; City; State; Zip Code Houston, TX 77005-3535	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West University Area Democrats Contributor address; City; State; Zip Code Houston, TX 77005-3535	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West University Area Democrats Contributor address; City; State; Zip Code Houston, TX 77005-3535	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/93 Rpt: 93/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth 6 Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	Amount of Contribution (\$) \$5.00
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#: _____) Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	Amount of Contribution (\$) \$5.00
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: 91/93 Rpt: 94/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, LaShawn A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1403	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Gene <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-6624	Amount of Contribution (\$) \$5,175.25
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) farber, jay <hr/> Contributor address; City; State; Zip Code Kalispell, MT 59901-1498	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) singh, manpreet (The Honorable) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris county

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/93 Rpt: 95/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) singh, manpreet (The Honorable) <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris county
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) singh, manpreet (The Honorable) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris county
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) singh, manpreet (The Honorable) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris county
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) singh, manpreet (The Honorable) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris county
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) singh, manpreet (The Honorable) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	Amount of Contribution (\$) \$207.25
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris county

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/93 Rpt: 96/206
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) singh, manpreet (The Honorable) <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris county

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 97/206	
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael Patrick 7 Contributor address; City; State; Zip Code Houston, TX 77005	8 Amount of contribution (\$) \$369.28	9 In-kind contribution description Interest Expense
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Lawyer		11 Employer (FOR NON-JUDICIAL) (See instructions) Doyle Dennis Avery LLP	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael Patrick Contributor address; City; State; Zip Code Houston, TX 77005	Amount of contribution (\$) \$324.85	In-kind contribution description Interest Expense
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Lawyer		Employer (FOR NON-JUDICIAL) (See instructions) Doyle Dennis Avery LLP	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Michael Patrick Contributor address; City; State; Zip Code Houston, TX 77005	Amount of contribution (\$) \$11.17	In-kind contribution description Interest Expense
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Lawyer		Employer (FOR NON-JUDICIAL) (See instructions) Doyle Dennis Avery LLP	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 98/206	
2 FILER NAME Harris County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00015507	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/14/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Doyle Campaign Fund 7 Contributor address; City; State; Zip Code Houston, TX 77019-1855	8 Amount of contribution (\$) \$650.00	9 In-kind contribution description Event Catering
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name 8x8 Inc.	
6 Amount (\$) \$321.73	7 Payee address; City; State; Zip Code 2125 Onel Dr San Jose, CA 95131-2032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Telephone Services - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name 8x8 Inc.	
Amount (\$) \$321.49	Payee address; City; State; Zip Code 2125 Onel Dr San Jose, CA 95131-2032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name 8x8 Inc.	
Amount (\$) \$321.49	Payee address; City; State; Zip Code 2125 Onel Dr San Jose, CA 95131-2032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Telephone Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name 8x8 Inc.	
6 Amount (\$) \$321.49	7 Payee address; City; State; Zip Code 2125 Onel Dr San Jose, CA 95131-2032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Telephone Services - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name 8x8 Inc.	
Amount (\$) \$322.32	Payee address; City; State; Zip Code 2125 Onel Dr San Jose, CA 95131-2032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Telephone Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name 8x8 Inc.	
Amount (\$) \$322.32	Payee address; City; State; Zip Code 2125 Onel Dr San Jose, CA 95131-2032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Telephone Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/14/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.87	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.47	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2025	Payee name ActBlue Technical Services	
Amount (\$) \$2.08	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/30/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$4.35	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.59	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.87	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/26/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$2.07	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.20	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2025	Payee name ActBlue Technical Services	
Amount (\$) \$4.13	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/16/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.68	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.48	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/23/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.91	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/30/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$2.40	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2025	Payee name ActBlue Technical Services	
Amount (\$) \$2.66	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.79	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fee
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/21/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.07	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name ActBlue Technical Services	
Amount (\$) \$2.08	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.40	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fee
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/06/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.78	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.79	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.79	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/27/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.60	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2025	Payee name ActBlue Technical Services	
Amount (\$) \$4.53	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/17/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.08	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.91	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.35	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/07/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.67	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Adobe Systems Incorporated	
Amount (\$) \$17.10	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110-2704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Adobe Systems Incorporated	
Amount (\$) \$17.10	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110-2704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Adobe Systems Incorporated	
6 Amount (\$) \$17.10	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110-2704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Adobe Systems Incorporated	
Amount (\$) \$17.10	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110-2704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Adobe Systems Incorporated	
Amount (\$) \$17.10	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110-2704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Allied Printing Services	
6 Amount (\$) \$473.77	7 Payee address; City; State; Zip Code 14915 Stuebner Airline Rd Ste L Houston, TX 77069-2120	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Printing - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2025	Payee name Amalgamated Bank	
Amount (\$) \$26.09	Payee address; City; State; Zip Code 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name Amalgamated Bank	
Amount (\$) \$46.78	Payee address; City; State; Zip Code 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/26/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$32.55	7 Payee address; City; State; Zip Code 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Amalgamated Bank	
Amount (\$) \$24.46	Payee address; City; State; Zip Code 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Amalgamated Bank	
Amount (\$) \$2.97	Payee address; City; State; Zip Code 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/30/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$0.84	7 Payee address; City; State; Zip Code 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Amalgamated Bank	
Amount (\$) \$7.78	Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Amalgamated Bank	
Amount (\$) \$28.42	Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$1.04	7 Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001-6708	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Amalgamated Bank	
Amount (\$) \$25.26	Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Amalgamated Bank	
Amount (\$) \$9.12	Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$11.38	7 Payee address; City; State; Zip Code 275 7th Ave New York, NY 10001-6708	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Amazon	
Amount (\$) \$28.19	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Fundraising Event Garnishments - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Amazon	
Amount (\$) \$52.13	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Amazon	
6 Amount (\$) \$112.00	7 Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Garnishments - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Amazon	
Amount (\$) \$51.29	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Amazon	
Amount (\$) \$34.18	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Amazon	
6 Amount (\$) \$19.22	7 Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Amazon	
Amount (\$) \$53.65	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Garnishments - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Amazon	
Amount (\$) \$10.15	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Garnishments - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Amazon	
6 Amount (\$) \$15.37	7 Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Garnishments - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Amazon	
Amount (\$) \$34.17	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Garnishments - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Amazon	
Amount (\$) \$20.82	Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Garnishments - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Amazon	
6 Amount (\$) \$30.78	7 Payee address; City; State; Zip Code 1516 2nd Ave Seattle, WA 98101-1543	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Garnishments - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name American Association Of Notaries	
Amount (\$) \$68.49	Payee address; City; State; Zip Code 8811 Westheimer Rd Ste 207 Houston, TX 77063-3617	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name American Association Of Notaries	
Amount (\$) \$78.71	Payee address; City; State; Zip Code 8811 Westheimer Rd Ste 207 Houston, TX 77063-3617	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name American Association Of Notaries	
6 Amount (\$) \$78.71	7 Payee address; City; State; Zip Code 8811 Westheimer Rd Ste 207 Houston, TX 77063-3617	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Services - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name American Association Of Notaries	
Amount (\$) \$78.71	Payee address; City; State; Zip Code 8811 Westheimer Rd Ste 207 Houston, TX 77063-3617	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Ancheta, Victor	
Amount (\$) \$118.50	Payee address; City; State; Zip Code 4422 Leeland St Houston, TX 77023-3020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Garnishments - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/04/2025	5 Payee name Anthony & Anthony Affairs	
6 Amount (\$) \$5,347.50	7 Payee address; City; State; Zip Code 4414 Navigation Blvd Houston, TX 77011-1036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Catering
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Anthony & Anthony Affairs	
Amount (\$) \$5,347.00	Payee address; City; State; Zip Code 4414 Navigation Blvd Houston, TX 77011-1036	
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 Catering
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name AppFolio Inc.	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 70 Castilian Dr Santa Barbara, CA 93117-3027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name AppFolio Inc.	
6 Amount (\$) \$0.76	7 Payee address; City; State; Zip Code 70 Castilian Dr Santa Barbara, CA 93117-3027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name AppFolio Inc.	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 70 Castilian Dr Santa Barbara, CA 93117-3027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name AppFolio Inc.	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 70 Castilian Dr Santa Barbara, CA 93117-3027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Payee name AppFolio Inc.	
6 Amount (\$) \$1.97	7 Payee address; City; State; Zip Code 70 Castilian Dr Santa Barbara, CA 93117-3027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name AppFolio Inc.	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 70 Castilian Dr Santa Barbara, CA 93117-3027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name BakerRipley	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4410 Navigation Blvd Houston, TX 77011-1036	
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 Meeting Space Rental
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Bee Compliance LLC	
6 Amount (\$) \$2,370.00	7 Payee address; City; State; Zip Code 611 Pennsylvania Ave SE # 192 Washington, DC 20003-4303	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Bee Compliance LLC	
Amount (\$) \$2,370.00	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE # 192 Washington, DC 20003-4303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Bee Compliance LLC	
Amount (\$) \$2,370.00	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE # 192 Washington, DC 20003-4303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Bee Compliance LLC	
6 Amount (\$) \$2,370.00	7 Payee address; City; State; Zip Code 611 Pennsylvania Ave SE # 192 Washington, DC 20003-4303	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Bee Compliance LLC	
Amount (\$) \$2,370.00	Payee address; City; State; Zip Code 611 Pennsylvania Ave SE # 192 Washington, DC 20003-4303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Berlin Rosen LLC	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 15 Maiden Ln Ste 1600 New York, NY 10038-5111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Berlin Rosen LLC	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 15 Maiden Ln Ste 1600 New York, NY 10038-5111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Berlin Rosen LLC		
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 15 Maiden Ln Ste 1600 New York, NY 10038-5111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Berlin Rosen LLC		
Amount (\$) \$17,014.28	Payee address; City; State; Zip Code 15 Maiden Ln Ste 1600 New York, NY 10038-5111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/31/2025	5 Payee name Black Stone Agency	
6 Amount (\$) \$1,978.00	7 Payee address; City; State; Zip Code 9950 Westpark Dr Ste 103B Houston, TX 77063-5282	
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 Turkey Drive
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Carter & Hatcher Consulting LLC	
Amount (\$) \$74.06	Payee address; City; State; Zip Code 1015 Herkimer St Houston, TX 77008-6743	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Carter & Hatcher Consulting LLC	
Amount (\$) \$74.06	Payee address; City; State; Zip Code 1015 Herkimer St Houston, TX 77008-6743	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Carter & Hatcher Consulting LLC	
6 Amount (\$) \$74.06	7 Payee address; City; State; Zip Code 1015 Herkimer St Houston, TX 77008-6743	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping Services - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Carter & Hatcher Consulting LLC	
Amount (\$) \$14.81	Payee address; City; State; Zip Code 1015 Herkimer St Houston, TX 77008-6743	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Carter & Hatcher Consulting LLC	
Amount (\$) \$59.25	Payee address; City; State; Zip Code 1015 Herkimer St Houston, TX 77008-6743	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Comcast Cable	
6 Amount (\$) \$45.38	7 Payee address; City; State; Zip Code PO Box 660618 Dallas, TX 75266-0618	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Comcast Cable	
Amount (\$) \$33.46	Payee address; City; State; Zip Code PO Box 660618 Dallas, TX 75266-0618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Comcast Cable	
Amount (\$) \$33.46	Payee address; City; State; Zip Code PO Box 660618 Dallas, TX 75266-0618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Comcast Cable	
6 Amount (\$) \$33.46	7 Payee address; City; State; Zip Code PO Box 660618 Dallas, TX 75266-0618	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Comcast Cable	
Amount (\$) \$45.38	Payee address; City; State; Zip Code PO Box 660618 Dallas, TX 75266-0618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Comcast Cable	
Amount (\$) \$45.43	Payee address; City; State; Zip Code PO Box 660618 Dallas, TX 75266-0618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Concept Neighborhood	
6 Amount (\$) \$2,567.50	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Rent - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Concept Neighborhood	
Amount (\$) \$2,567.50	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Rent - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Concept Neighborhood	
Amount (\$) \$2,567.50	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Rent - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Concept Neighborhood	
6 Amount (\$) \$2,616.30	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Rent - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Concept Neighborhood	
Amount (\$) \$2,567.50	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Rent - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Concept Neighborhood	
Amount (\$) \$2,567.50	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Rent - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name CopyType	
6 Amount (\$) \$149.66	7 Payee address; City; State; Zip Code 5802 Gerken Rd Rosenberg, TX 77471-9161	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Earth to Mars Cafe	
Amount (\$) \$182.81	Payee address; City; State; Zip Code 3002 Canal St Houston, TX 77003-1627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Catering - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Earth to Mars Cafe	
Amount (\$) \$395.00	Payee address; City; State; Zip Code 3002 Canal St Houston, TX 77003-1627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Catering - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Financial Innovation Inc.	
6 Amount (\$) \$1,185.00	7 Payee address; City; State; Zip Code 1 Weingeroff Blvd Cranston, RI 02910-4009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Party Merchandise - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Financial Innovation Inc.	
Amount (\$) \$2,791.20	Payee address; City; State; Zip Code 1 Weingeroff Blvd Cranston, RI 02910-4009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Party Merchandise - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Financial Innovation Inc.	
Amount (\$) \$174.70	Payee address; City; State; Zip Code 1 Weingeroff Blvd Cranston, RI 02910-4009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Party Merchandise - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Payee name Financial Innovation Inc.	
6 Amount (\$) \$356.09	7 Payee address; City; State; Zip Code 1 Weingeroff Blvd Cranston, RI 02910-4009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Party Merchandise - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name First Data Merchant Services	
Amount (\$) \$161.92	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name First Data Merchant Services	
Amount (\$) \$1,243.59	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name First Data Merchant Services	
6 Amount (\$) \$484.47	7 Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name First Data Merchant Services	
Amount (\$) \$187.65	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name First Data Merchant Services	
Amount (\$) \$835.82	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Payee name First Data Merchant Services	
6 Amount (\$) \$782.50	7 Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name First Data Merchant Services	
Amount (\$) \$112.84	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name First Data Merchant Services	
Amount (\$) \$182.71	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name First Data Merchant Services	
6 Amount (\$) \$367.18	7 Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name First Data Merchant Services	
Amount (\$) \$729.64	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name First Data Merchant Services	
Amount (\$) \$162.02	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name First Data Merchant Services	
6 Amount (\$) \$2,167.40	7 Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name First Data Merchant Services	
Amount (\$) \$366.99	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name First Data Merchant Services	
Amount (\$) \$2,174.06	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Payee name First Data Merchant Services	
6 Amount (\$) \$158.75	7 Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name First Data Merchant Services	
Amount (\$) \$1,366.39	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name First Data Merchant Services	
Amount (\$) \$186.06	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name First Data Merchant Services	
6 Amount (\$) \$490.38	7 Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name First Data Merchant Services	
Amount (\$) \$1,113.54	Payee address; City; State; Zip Code 1307 Walt Whitman Rd Melville, NY 11747-3011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Frost Bank	
Amount (\$) \$35,000.00	Payee address; City; State; Zip Code 111 W Houston St San Antonio, TX 78205-2112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/03/2025	5 Payee name Frost Bank	
6 Amount (\$) \$21,000.00	7 Payee address; City; State; Zip Code 111 W Houston St San Antonio, TX 78205-2112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Frost Bank	
Amount (\$) \$324.85	Payee address; City; State; Zip Code 111 W Houston St San Antonio, TX 78205-2112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Interest 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 Interest Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name Frost Bank	
Amount (\$) \$190.73	Payee address; City; State; Zip Code 111 W Houston St San Antonio, TX 78205-2112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Interest 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 Interest Expense
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/03/2025	5 Payee name Frost Bank	
6 Amount (\$) \$19,000.00	7 Payee address; City; State; Zip Code 111 W Houston St San Antonio, TX 78205-2112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan Repayment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Goodman Campaigns LLC	
Amount (\$) \$790.00	Payee address; City; State; Zip Code 211 E 7th St Ste 620 Austin, TX 78701-3218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Acquisition - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Goodman Campaigns LLC	
Amount (\$) \$384.73	Payee address; City; State; Zip Code 211 E 7th St Ste 620 Austin, TX 78701-3218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Acquisition - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Payee name Goodman Campaigns LLC	
6 Amount (\$) \$790.00	7 Payee address; City; State; Zip Code 211 E 7th St Ste 620 Austin, TX 78701-3218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Acquisition - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Google	
Amount (\$) \$311.25	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Google	
Amount (\$) \$332.01	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Google	
6 Amount (\$) \$311.16	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Services - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Google	
Amount (\$) \$323.38	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Google	
Amount (\$) \$323.38	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Google	
6 Amount (\$) \$323.76	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Services - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Great America Financial Services	
Amount (\$) \$256.13	Payee address; City; State; Zip Code PO Box 660831 Dallas, TX 75266-0831	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copier Lease - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Great America Financial Services	
Amount (\$) \$256.13	Payee address; City; State; Zip Code PO Box 660831 Dallas, TX 75266-0831	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copier Lease - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Great America Financial Services	
6 Amount (\$) \$255.96	7 Payee address; City; State; Zip Code PO Box 660831 Dallas, TX 75266-0831	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copier Lease - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Great America Financial Services	
Amount (\$) \$255.96	Payee address; City; State; Zip Code PO Box 660831 Dallas, TX 75266-0831	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copier Lease - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Gusto	
Amount (\$) \$122.94	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Gusto	
6 Amount (\$) \$1,461.98	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Gusto	
Amount (\$) \$1,461.98	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Gusto	
Amount (\$) \$5,341.50	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Gusto	
6 Amount (\$) \$1,461.98	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Gusto	
Amount (\$) \$5,341.50	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Gusto	
Amount (\$) \$5,341.50	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Payee name Gusto	
6 Amount (\$) \$5,341.50	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Gusto	
Amount (\$) \$1,461.98	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Gusto	
Amount (\$) \$5,341.50	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/22/2025	5 Payee name Gusto	
6 Amount (\$) \$1,351.56	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Gusto	
Amount (\$) \$25.48	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Gusto	
Amount (\$) \$128.00	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Gusto	
6 Amount (\$) \$1,461.98	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Gusto	
Amount (\$) \$5,341.50	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Gusto	
Amount (\$) \$1,461.98	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Gusto	
6 Amount (\$) \$5,341.50	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Gusto	
Amount (\$) \$10,706.44	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Gusto	
Amount (\$) \$15,251.81	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Payee name Gusto	
6 Amount (\$) \$4,538.95	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Gusto	
Amount (\$) \$249.28	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Proceessing Fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Gusto	
Amount (\$) \$13,241.70	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Gusto	
6 Amount (\$) \$259.55	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Gusto	
Amount (\$) \$4,022.88	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Gusto	
Amount (\$) \$144.44	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Gusto	
6 Amount (\$) \$244.22	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Proceessing Fee - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Gusto	
Amount (\$) \$3,871.68	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Taxes - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Gusto	
Amount (\$) \$12,281.96	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/28/2025	5 Payee name Gusto	
6 Amount (\$) \$1,337.73	7 Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
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 Taxes - In-Kind to benefit Taylor Rehmet (SD9)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Gusto	
Amount (\$) \$1,239.84	Payee address; City; State; Zip Code 525 2nd St San Francisco, CA 94107-1403	
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 - In-Kind to benefit Taylor Rehmet (SD9)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Hassan, Ahmad (Mr.)	
Amount (\$) \$2,765.00	Payee address; City; State; Zip Code 22607 Coriander Dr Katy, TX 77450-1523	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Planning Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 61/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Health Care Services Corporation	
6 Amount (\$) \$380.57	7 Payee address; City; State; Zip Code PO Box 731428 Dallas, TX 75373-1428	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Care Payments - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Health Care Services Corporation	
Amount (\$) \$380.57	Payee address; City; State; Zip Code PO Box 731428 Dallas, TX 75373-1428	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Care Payments - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Health Care Services Corporation	
Amount (\$) \$401.18	Payee address; City; State; Zip Code PO Box 731428 Dallas, TX 75373-1428	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Care Payments - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Health Care Services Corporation	
6 Amount (\$) \$401.18	7 Payee address; City; State; Zip Code PO Box 731428 Dallas, TX 75373-1428	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Care Payments - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Health Care Services Corporation		
Amount (\$) \$401.18	Payee address; City; State; Zip Code PO Box 731428 Dallas, TX 75373-1428	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Care Payments - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Health Care Services Corporation		
Amount (\$) \$401.18	Payee address; City; State; Zip Code PO Box 731428 Dallas, TX 75373-1428	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Health Care Payments - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Hilton Americas Hotel	
6 Amount (\$) \$9,743.75	7 Payee address; City; State; Zip Code 1600 Lamar St Houston, TX 77010-5012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Space Rental & Catering - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Hilton Americas Hotel	
Amount (\$) \$9,743.75	Payee address; City; State; Zip Code 1600 Lamar St Houston, TX 77010-5012	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Space Rental & Catering - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Hilton Americas Hotel	
Amount (\$) \$9,743.75	Payee address; City; State; Zip Code 1600 Lamar St Houston, TX 77010-5012	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Catering & Space Rental - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/28/2025	5 Payee name Ho-Shing, Joseph	
6 Amount (\$) \$1,551.33	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003	
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 - In-Kind to benefit Taylor Rehmet (SD9)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Ho-Shing, Joseph	
Amount (\$) \$1,551.33	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003	
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 - In-Kind to benefit Taylor Rehmet (SD9)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Human Age Digital	
Amount (\$) \$4,838.75	Payee address; City; State; Zip Code 2700 Post Oak Blvd Houston, TX 77056-5784	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Design Services - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 65/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/31/2025	5 Payee name Human Age Digital	
6 Amount (\$) \$7,024.82	7 Payee address; City; State; Zip Code 2700 Post Oak Blvd Houston, TX 77056-5784	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-Kind: Website Design Services - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Intuit	
Amount (\$) \$66.70	Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Intuit	
Amount (\$) \$66.70	Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 66/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Intuit	
6 Amount (\$) \$66.70	7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Intuit	
Amount (\$) \$77.48	Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Intuit	
Amount (\$) \$77.48	Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 67/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Intuit	
6 Amount (\$) \$77.48	7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name J&N Enterprises	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092-7600	
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 T-Shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name J&N Enterprises	
Amount (\$) \$142.48	Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092-7600	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Printing - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 68/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Payee name J&N Enterprises	
6 Amount (\$) \$222.25	7 Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092-7600	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Printing - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name J&N Enterprises	
Amount (\$) \$269.38	Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092-7600	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Printing - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name J&N Enterprises	
Amount (\$) \$642.27	Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092-7600	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Printing - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 69/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name J&N Enterprises	
6 Amount (\$) \$790.00	7 Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092-7600	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Printing - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name JR's Bar and Grill	
Amount (\$) \$78.96	Payee address; City; State; Zip Code 808 Pacific St Houston, TX 77006-2844	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Catering - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name JR's Bar and Grill	
Amount (\$) \$468.12	Payee address; City; State; Zip Code 808 Pacific St Houston, TX 77006-2844	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Catering - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 70/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name LastPass	
6 Amount (\$) \$190.99	7 Payee address; City; State; Zip Code 125 High St Ste 200 Boston, MA 02110-2704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Melio	
Amount (\$) \$106.95	Payee address; City; State; Zip Code 18 W 18th St Fl 8 New York, NY 10011-4607	
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 Payment Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2025	Payee name Melio	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 18 W 18th St Fl 8 New York, NY 10011-4607	
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 Payment Processing Fee
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 71/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Payee name Microsoft Online	
6 Amount (\$) \$6.07	7 Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Microsoft Online	
Amount (\$) \$5.13	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Microsoft Online	
Amount (\$) \$179.61	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 72/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Microsoft Online	
6 Amount (\$) \$115.74	7 Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Microsoft Online	
Amount (\$) \$5.13	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Microsoft Online	
Amount (\$) \$179.61	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 73/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Microsoft Online	
6 Amount (\$) \$5.13	7 Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Microsoft Online	
Amount (\$) \$6.07	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Microsoft Online	
Amount (\$) \$27.29	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 74/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/23/2025	5 Payee name Microsoft Online	
6 Amount (\$) \$60.19	7 Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Microsoft Online	
Amount (\$) \$295.08	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Microsoft Online	
Amount (\$) \$5.13	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 75/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Microsoft Online	
6 Amount (\$) \$307.91	7 Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Microsoft Online	
Amount (\$) \$8.98	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Microsoft Online	
Amount (\$) \$12.13	Payee address; City; State; Zip Code 5015 Westheimer Rd Ste A2421 Houston, TX 77056-5621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 76/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Morningstar Storage	
6 Amount (\$) \$221.99	7 Payee address; City; State; Zip Code 812 Live Oak St Houston, TX 77003-3221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Morningstar Storage	
Amount (\$) \$220.29	Payee address; City; State; Zip Code 812 Live Oak St Houston, TX 77003-3221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Morningstar Storage	
Amount (\$) \$221.99	Payee address; City; State; Zip Code 812 Live Oak St Houston, TX 77003-3221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 77/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Morningstar Storage	
6 Amount (\$) \$221.99	7 Payee address; City; State; Zip Code 812 Live Oak St Houston, TX 77003-3221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Morningstar Storage	
Amount (\$) \$221.99	Payee address; City; State; Zip Code 812 Live Oak St Houston, TX 77003-3221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Morningstar Storage	
Amount (\$) \$221.99	Payee address; City; State; Zip Code 812 Live Oak St Houston, TX 77003-3221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 78/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name MyGeodata	
6 Amount (\$) \$2.29	7 Payee address; City; State; Zip Code 2093 Philadelphia Pike # 8010 Claymont, DE 19703-2424	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name NGP VAN	
Amount (\$) \$2,281.35	Payee address; City; State; Zip Code 1445 New York Ave NW FI 2 Washington, DC 20005-2134	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name NGP VAN	
Amount (\$) \$2,281.35	Payee address; City; State; Zip Code 1445 New York Ave NW FI 2 Washington, DC 20005-2134	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 79/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Neon One LLC	
6 Amount (\$) \$103.62	7 Payee address; City; State; Zip Code 4545 N Ravenswood Ave Chicago, IL 60640-5201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Neon One LLC	
Amount (\$) \$73.62	Payee address; City; State; Zip Code 4545 N Ravenswood Ave Chicago, IL 60640-5201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Neon One LLC	
Amount (\$) \$103.62	Payee address; City; State; Zip Code 4545 N Ravenswood Ave Chicago, IL 60640-5201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 80/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/02/2025	5 Payee name Paragon Payment Solutions	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name Paragon Payment Solutions	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Paragon Payment Solutions	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 81/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/02/2025	5 Payee name Paragon Payment Solutions	
6 Amount (\$) \$119.75	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
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 Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Paragon Payment Solutions	
Amount (\$) \$42.77	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
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 Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Paragon Payment Solutions	
Amount (\$) \$72.77	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
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 Card Processing Fees
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 82/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Pepperoni's - Montrose	
6 Amount (\$) \$361.97	7 Payee address; City; State; Zip Code 2710 B Montrose Blvd Houston, TX 77006-2733	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Catering - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Pizza Hut	
Amount (\$) \$134.02	Payee address; City; State; Zip Code 11017 Chimney Rock Rd # A Houston, TX 77096-6216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Catering - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Profitable Non-Profits	
Amount (\$) \$5,006.40	Payee address; City; State; Zip Code 14526 Cypress Falls Dr Cypress, TX 77429-1974	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-Kind: Event Planning Consulting - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 83/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Rojas, Madeline	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Garnishments - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Rojas, Madeline	
Amount (\$) \$80.50	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Reimbursement - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Rojas, Madeline	
Amount (\$) \$38.56	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Reimbursement - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 84/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Payee name Rojas, Madeline	
6 Amount (\$) \$20.99	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement - Administrative Event Garnishments - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Rojas, Madeline	
Amount (\$) \$149.15	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement - Event Catering & Garnishments - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Rojas, Madeline	
Amount (\$) \$79.79	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement - Refreshments & Notary License - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 85/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Rojas, Madeline	
6 Amount (\$) \$24.65	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Reimbursement - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Rojas, Madeline	
Amount (\$) \$23.34	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel Reimbursement - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Rojas, Madeline	
Amount (\$) \$54.34	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Garnishments & Refreshments Reimbursement - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 86/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Roku	
6 Amount (\$) \$17.10	7 Payee address; City; State; Zip Code 1173 Coleman Ave San Jose, CA 95110-1104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2025	Payee name Sands, Priscilla	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 5119 Sunningdale Ave NE Albuquerque, NM 87110-5851	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2025	Payee name Senate District 13	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3813 Gertin St Houston, TX 77004-6503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 87/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Shepard Connection	
6 Amount (\$) \$790.00	7 Payee address; City; State; Zip Code 1022 Saulnier St Houston, TX 77019-4732	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Shepard Connection	
Amount (\$) \$790.00	Payee address; City; State; Zip Code 1022 Saulnier St Houston, TX 77019-4732	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Shepard Connection	
Amount (\$) \$790.00	Payee address; City; State; Zip Code 1022 Saulnier St Houston, TX 77019-4732	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 88/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/31/2025	5 Payee name Shepard Connection	
6 Amount (\$) \$790.00	7 Payee address; City; State; Zip Code 1022 Saulnier St Houston, TX 77019-4732	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Shopify	
Amount (\$) \$1.71	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Shopify	
Amount (\$) \$88.42	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 89/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Shopify	
6 Amount (\$) \$3.14	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Shopify	
Amount (\$) \$1.64	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Shopify	
Amount (\$) \$2.77	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 90/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Shopify	
6 Amount (\$) \$88.42	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Shopify	
Amount (\$) \$0.34	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Shopify	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 91/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Shopify	
6 Amount (\$) \$2.13	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Shopify	
Amount (\$) \$1.49	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Shopify	
Amount (\$) \$1.17	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 92/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Shopify	
6 Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fee - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Shopify	
Amount (\$) \$88.42	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Shopify	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 93/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 08/19/2025	5 Payee name Shopify	
6 Amount (\$) \$1.71	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Shopify	
Amount (\$) \$88.42	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Shopify	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 94/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Shopify	
6 Amount (\$) \$0.97	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Shopify	
Amount (\$) \$1.71	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Shopify	
Amount (\$) \$3.18	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 95/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Shopify	
6 Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Shopify	
Amount (\$) \$88.42	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Shopify	
Amount (\$) \$1.82	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 96/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Payee name Shopify	
6 Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Shopify	
Amount (\$) \$88.42	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Shopify	
Amount (\$) \$1.28	Payee address; City; State; Zip Code 33 New Montgomery St Ste 750 San Francisco, CA 94105-4537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Card Processing Fees - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 97/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/28/2025	5 Payee name Sison, Eos	
6 Amount (\$) \$1,551.33	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003	
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 - In-Kind to benefit Taylor Rehmet (SD9)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Sison, Eos	
Amount (\$) \$1,551.33	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003	
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 - In-Kind to benefit Taylor Rehmet (SD9)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name Spencer, Dusty	
Amount (\$) \$1,551.33	Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003	
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 - In-Kind to benefit Taylor Rehmet (SD9)
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 98/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/15/2025	5 Payee name Spencer, Dusty	
6 Amount (\$) \$1,551.33	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003	
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 - In-Kind to benefit Taylor Rehmet (SD9)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Staples	
Amount (\$) \$38.47	Payee address; City; State; Zip Code 1919 Taylor St Houston, TX 77007-3973	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Switchboard Public Benefit Corp	
Amount (\$) \$300.58	Payee address; City; State; Zip Code PO Box 33485 Washington, DC 20033-0485	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 99/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Switchboard Public Benefit Corp	
6 Amount (\$) \$185.86	7 Payee address; City; State; Zip Code PO Box 33485 Washington, DC 20033-0485	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Switchboard Public Benefit Corp	
Amount (\$) \$182.17	Payee address; City; State; Zip Code PO Box 33485 Washington, DC 20033-0485	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Switchboard Public Benefit Corp	
Amount (\$) \$403.96	Payee address; City; State; Zip Code PO Box 33485 Washington, DC 20033-0485	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 100/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/30/2025	5 Payee name Tacos A Go Go	
6 Amount (\$) \$1,334.56	7 Payee address; City; State; Zip Code 910 Louisiana St Ofc M140 Houston, TX 77002-1477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Catering - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Tacos A Go Go	
Amount (\$) \$1,295.79	Payee address; City; State; Zip Code 910 Louisiana St Ofc M140 Houston, TX 77002-1477	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Catering - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Texas Mutual Insurance Company	
Amount (\$) \$151.68	Payee address; City; State; Zip Code 2200 Aldrich St Austin, TX 78723-3474	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 101/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Texas Mutual Insurance Company	
6 Amount (\$) \$239.36	7 Payee address; City; State; Zip Code 2200 Aldrich St Austin, TX 78723-3474	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance - Federal Reimbursement
9 Complete <u>ONLY</u> 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 (\$) \$16.59	Payee address; City; State; Zip Code PO Box 12060 Austin, TX 78711-2060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee - Federal Reimbursement
Complete <u>ONLY</u> 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 (\$) \$0.45	Payee address; City; State; Zip Code PO Box 12060 Austin, TX 78711-2060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 102/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 09/24/2025	5 Payee name Texas Secretary Of State	
6 Amount (\$) \$16.59	7 Payee address; City; State; Zip Code PO Box 12060 Austin, TX 78711-2060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee - Federal Reimbursement
9 Complete <u>ONLY</u> 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 (\$) \$0.45	Payee address; City; State; Zip Code PO Box 12060 Austin, TX 78711-2060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name U Haul	
Amount (\$) \$37.33	Payee address; City; State; Zip Code 2890 W Sam Houston Pkwy S Houston, TX 77042-3618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Fundraising Event Vehicle Rental - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 103/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name USLI	
6 Amount (\$) \$461.00	7 Payee address; City; State; Zip Code 1190 Devon Park Dr Wayne, PA 19087-2150	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Uber	
Amount (\$) \$47.62	Payee address; City; State; Zip Code 5714 Star Ln Houston, TX 77057-7114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Fundraising Event Travel - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Uber	
Amount (\$) \$18.94	Payee address; City; State; Zip Code 5714 Star Ln Houston, TX 77057-7114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 104/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 11/24/2025	5 Payee name Uber	
6 Amount (\$) \$273.56	7 Payee address; City; State; Zip Code 5714 Star Ln Houston, TX 77057-7114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Catering - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name University of Houston - Conference & Reservations	
Amount (\$) \$983.76	Payee address; City; State; Zip Code 4455 University Dr Houston, TX 77204-3030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Space Rental - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name University of Houston - Conference & Reservations	
Amount (\$) \$2,370.00	Payee address; City; State; Zip Code 4455 University Dr Houston, TX 77204-3030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Event Space Rental - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 105/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name Walker, Star	
6 Amount (\$) \$79.00	7 Payee address; City; State; Zip Code 3302 Canal St Houston, TX 77003-1832	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Entertainment - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Wix.Com	
Amount (\$) \$369.44	Payee address; City; State; Zip Code 500 Terry A Francois Blvd FI 6 San Francisco, CA 94158-2354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(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 Services - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Zoom.US	
Amount (\$) \$66.53	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videoconferencing Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 106/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 07/16/2025	5 Payee name Zoom.US	
6 Amount (\$) \$66.53	7 Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videoconferencing Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Zoom.US	
Amount (\$) \$66.53	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videoconferencing Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Zoom.US	
Amount (\$) \$66.53	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videoconferencing Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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Food/Beverage Expense
Gift/Awards/Memorials Expense
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Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 107/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 10/20/2025	5 Payee name Zoom.US	
6 Amount (\$) \$47.17	7 Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videoconferencing Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Zoom.US	
Amount (\$) \$66.53	Payee address; City; State; Zip Code 55 Almaden Blvd FI 6 San Jose, CA 95113-1608	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videoconferencing Software - Federal Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name bitly.com	
Amount (\$) \$101.06	Payee address; City; State; Zip Code 601 W 26th St Rm 357 New York, NY 10001-1133	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 108/108 Rpt:	2 FILER NAME Harris County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00015507
4 Date 12/23/2025	5 Payee name bitly.com	
6 Amount (\$) \$29.47	7 Payee address; City; State; Zip Code 601 W 26th St Rm 357 New York, NY 10001-1133	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software - Federal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held