

**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 # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS 3302 Canal St Houston, TX 77003				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Michael P.		
	NICKNAME	LAST Doyle	SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3302 Canal St Houston, TX 77003		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 3401 Allen Parkway Suite 100 Houston, TX 77019			
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) 554-9079	PHONE NUMBER	EXTENSION	
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 07/01/2025	Day	Year	Month 12/31/2025 Day Year
11 ELECTION	ELECTION DATE Month Day Year	<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 Filer) 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	\$ 0.00
	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	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
10. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 516,968.55	
\$ 1,355.30	
\$	
\$	
\$ 371,984.19	
\$	
\$	
\$	
\$	
\$	
\$	

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#: <u>C00843227</u>) AMANDA EDWARDS FOR CONGRESS 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 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 Denee (Ms.) 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 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 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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77292-5922	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77292-5922	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77292-5922	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77292-5922	
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	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Houston, TX 77292-5922	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77292-5922	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77292-5922	
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	Amount of Contribution (\$) \$6,000.00
	Contributor address; City; State; Zip Code Houston, TX 77035-6005	
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)	Amount of Contribution (\$) \$700.00
	Contributor address; City; State; Zip Code Houston, TX 77044-6467	
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	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Houston, TX 77028-3849	
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.	7 Amount of Contribution (\$) \$7.00
	6 Contributor address; City; State; Zip Code Houston, TX 77028-3849	
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	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Houston, TX 77028-3849	
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	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Houston, TX 77028-3849	
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	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Houston, TX 77028-3849	
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.	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Houston, TX 77028-3849	
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 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) Judge	
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Judge	
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Judge	
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Judge	
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Shannon (Ms.) Contributor address; City; State; Zip Code Humble, TX 77396-1972	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Judge	

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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77049-5701	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77049-5701	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77049-5701	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77049-5701	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77049-5701	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77049-5701	
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	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77004-7138	
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	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77004-7138	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-2814	
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)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Houston, TX 77080-7607	
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)	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code Houston, TX 77080-7607	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77080-7607	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77080-7607	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77080-7607	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77080-7607	
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 Houston, TX 77044-6467	7 Amount of Contribution (\$) \$6,000.00
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykins Sr., Roger Bruce Houston, TX 77062-2006	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Harris County
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Marilyn Kaye Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code	
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 Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code	
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 Houston, TX 77086-1793	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77086-1793	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77086-1793	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77086-1793	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Clinton, MO 64735-1755	
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	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5344	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539-4146	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5946	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5946	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5946	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5946	
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)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004-5946	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5946	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77008-4744	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77008-4744	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77008-4744	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008-4744	
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	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Houston, TX 77008-4744	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77008-4744	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77008-4744	
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	Amount of Contribution (\$) \$3,500.00
	Contributor address; City; State; Zip Code Houston, TX 77221-1341	
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	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004-1141	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Pat	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Ballston Spa, NY 12020-3038	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Rabeea (Judge)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77019-3311	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77019-3311	
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)	Amount of Contribution (\$) \$3,097.70
	Contributor address; City; State; Zip Code Houston, TX 77019-3311	
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)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019-3311	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77019-3311	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77019-3311	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77019-3311	
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)	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: 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 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 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 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.) 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.) 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.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77015-3132	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77015-3132	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77015-3132	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77015-3132	
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	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Houston, TX 77070-1762	
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	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77077	
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	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77070-2458	
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	Amount of Contribution (\$) \$4,500.00
	Contributor address; City; State; Zip Code Houston, TX 77070-2458	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Houston, TX 77025-4543	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Houston, TX 77025-4543	
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 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 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 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 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 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 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 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 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 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 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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77231-0682	
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	Amount of Contribution (\$) \$26.13
	Contributor address; City; State; Zip Code Conroe, TX 77385-3479	
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	Amount of Contribution (\$) \$26.13
	Contributor address; City; State; Zip Code Conroe, TX 77385-3479	
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	Amount of Contribution (\$) \$26.13
	Contributor address; City; State; Zip Code Conroe, TX 77385-3479	
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	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77007-7524	
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	7 Amount of Contribution (\$) \$2,066.81
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
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	Amount of Contribution (\$) \$5,175.25
	Contributor address; City; State; Zip Code Houston, TX 77005	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1426	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1426	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1426	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098-1426	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1426	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1426	
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)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5142	
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	Amount of Contribution (\$) \$3,500.00
	Contributor address; City; State; Zip Code Houston, TX 77005-1528	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004-6210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-6210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-6210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-6210	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77004-6210	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004-6210	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006-3241	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006-3241	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006-3241	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006-3241	
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	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006-3241	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006-3241	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1972	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1972	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1972	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Humble, TX 77396-1972	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1972	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1972	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77034	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
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	Amount of Contribution (\$) \$360.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3529	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005-3529	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3529	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3529	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3529	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3529	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005-3529	
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	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77288-0140	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Tanya (Judge)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	
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)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	
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)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	
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)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	
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)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	
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)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	
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)	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston Texas, TX 77046-1130	
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	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77269-1612	
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: 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	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code Novato, CA 94945-1657	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Novato, CA 94945-1657	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Novato, CA 94945-1657	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Novato, CA 94945-1657	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Novato, CA 94945-1657	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Glenview, IL 60025-4725	
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)	Amount of Contribution (\$) \$3,500.00
	Contributor address; City; State; Zip Code Houston, TX 77002-9546	
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)	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 08/12/2025	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 09/12/2025	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

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) 6 Contributor address; City; State; Zip Code Humble, TX 77346-4401	7 Amount of Contribution (\$) \$10.00
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) 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 12/12/2025	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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Lori Contributor address; City; State; Zip Code Houston, TX 77291	Amount of Contribution (\$) \$207.25
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) Contributor address; City; State; Zip Code Houston, TX 77291-1225	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: 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) 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) 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) 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) 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) 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)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Houston, TX 77018-5237	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77018-5237	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77018-5237	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77018-5237	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77288-0378	
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)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002-1901	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77002-1901	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77002-1901	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77002-1901	
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)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77002-1901	
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)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002-1901	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77077-3829	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77077-3829	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77077-3829	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77077-3829	
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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77077-3829	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77077-3829	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77009-6755	
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	Amount of Contribution (\$) \$2,175.00
	Contributor address; City; State; Zip Code Houston, TX 77008-1654	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77020-4304	
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 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) 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) 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) 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) 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)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77001-0811	
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)	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Houston, TX 77007-7004	
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	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77047-6511	
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	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77047-6511	
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	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77047-6511	
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004-5882	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77004-5882	
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)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77019-7019	
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)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77019-7019	
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)	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4933	
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	7 Amount of Contribution (\$) \$1,750.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019-3908	
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	Amount of Contribution (\$) \$932.77
	Contributor address; City; State; Zip Code Humble, TX 77347-3863	
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	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Washington, DC 20001-3886	
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	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code Austin, TX 78761-5207	
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	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Houston, TX 77080-7607	
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 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 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 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 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 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 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 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 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 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 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 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 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 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) 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) 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)	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 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancelin, Angela Marie (Judge)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
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)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
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)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
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)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
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)	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77045-2243	
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)	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 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leah Shapiro Campaign for Judge	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Houston, TX 77277-2352	
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	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77008-3903	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77288-0392	
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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77288-0392	
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	Amount of Contribution (\$) \$6,000.00
	Contributor address; City; State; Zip Code Houston, TX 77267-0785	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Littleton, CO 80128-5890	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Littleton, CO 80128-5890	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Littleton, CO 80128-5890	
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 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 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.) 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 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 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 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 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) Contributor address; City; State; Zip Code Houston, TX 77030-1113	Amount of Contribution (\$) \$3,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge Harris County	
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Pamela Ann (Judge) Contributor address; City; State; Zip Code Houston, TX 77030-1113	Amount of Contribution (\$) \$77.88
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge Harris County	
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyerland Area Democratic Club 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) Judge		9 Employer (See Instructions) Texas
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

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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)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Houston, TX 77021-5614	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77021-5614	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77021-5614	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77021-5614	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77021-5614	
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)	7 Amount of Contribution (\$) \$207.25
	6 Contributor address; City; State; Zip Code Houston, TX 77021-5614	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77021-5614	
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)	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 08/26/2025	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 09/26/2025	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

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)

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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	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Plano, TX 75093-7236	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77071-3601	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77071-3601	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77071-3601	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77071-3601	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas/Harris County

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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) 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) 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 Vystek (Ms.) 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 Vystek (Ms.) 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 Vystek (Ms.) 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 Vystek (Ms.)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Houston, TX 77056-3221	
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 Vystek (Ms.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77056-3221	
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 Vystek (Ms.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77056-3221	
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	Amount of Contribution (\$) \$3,500.00
	Contributor address; City; State; Zip Code Houston, TX 77249-8746	
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.	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77008-3903	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

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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 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 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 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 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 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 Poritz, Darwin	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$25.00	
	6 Contributor address; City; State; Zip Code Houston, TX 77062-2189			
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed		
Date 07/17/2025	Full name of contributor Quezada, Yahaira		Amount of Contribution (\$) \$15.00	
	Contributor address; City; State; Zip Code Houston, TX 77052-3661			
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) Harris county		
Date 08/17/2025	Full name of contributor Quezada, Yahaira		Amount of Contribution (\$) \$15.00	
	Contributor address; City; State; Zip Code Houston, TX 77052-3661			
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) Harris county		
Date 10/15/2025	Full name of contributor Quezada, Yahaira		Amount of Contribution (\$) \$15.00	
	Contributor address; City; State; Zip Code Houston, TX 77052-3661			
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) 246th Family District Court		
Date 11/15/2025	Full name of contributor Quezada, Yahaira		Amount of Contribution (\$) \$15.00	
	Contributor address; City; State; Zip Code Houston, TX 77052-3661			
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) 246th Family District Court		

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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	

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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	7 Amount of Contribution (\$) \$7.00
	6 Contributor address; City; State; Zip Code Houston, TX 77007-5157	
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)	Amount of Contribution (\$) \$5,175.25
	Contributor address; City; State; Zip Code Houston, TX 77018-1420	
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	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459-3802	
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	Amount of Contribution (\$) \$15.78
	Contributor address; City; State; Zip Code Houston, TX 77007-2618	
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	Amount of Contribution (\$) \$15.78
	Contributor address; City; State; Zip Code Houston, TX 77007-2618	
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Aericasa

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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	7 Amount of Contribution (\$) \$15.78
	6 Contributor address; City; State; Zip Code Houston, TX 77007-2618	
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	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1120	
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	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1120	
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	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1120	
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	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Humble, TX 77396-1120	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

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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 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 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 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 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 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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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 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 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 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 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 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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78520-8014	
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	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77051-1009	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Waco, TX 76711-1425	
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	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Houston, TX 77071-3601	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87110-5851	
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	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77284-2495	
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	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002-7430	
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)	Amount of Contribution (\$) \$103.75
	Contributor address; City; State; Zip Code Houston, TX 77277-2352	
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)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77277-2352	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Glenside, PA 19038-7422	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) HUP

MONETARY POLITICAL CONTRIBUTIONS

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	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code San Rafael, CA 94903-2578	
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)	Amount of Contribution (\$) \$62.15
	Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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)	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77235-5282	
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	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77005-2573	
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 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) Justice		9 Employer (See Instructions) Court of Appeals Fourteenth District of Texas
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain Jr., Charles A. (Judge) 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) 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) 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) 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)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002-7017	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77002-7017	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77057-3723	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77057-3723	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77057-3723	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77057-3723	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77057-3723	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77057-3723	
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.)	Amount of Contribution (\$) \$3,622.75
	Contributor address; City; State; Zip Code Austin, TX 78705-1907	
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	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002-1832	
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.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77096-4809	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77096-4809	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77096-4809	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77096-4809	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77096-4809	
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 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 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 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 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 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

MONETARY POLITICAL CONTRIBUTIONS

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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77023-4523	
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)	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Houston, TX 77079-3170	
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)	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Houston, TX 77079-3170	
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)	Amount of Contribution (\$) \$129.26
	Contributor address; City; State; Zip Code Houston, TX 77079-3170	
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	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002-6736	
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)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Houston, TX 77001-0226	
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)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77001-0226	
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)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77001-0226	
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)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77001-0226	
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)	Amount of Contribution (\$) \$103.75
	Contributor address; City; State; Zip Code Houston, TX 77001-0226	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas State Judiciary

MONETARY POLITICAL CONTRIBUTIONS

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) 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 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 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 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 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	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Houston, TX 77284-2495	
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	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77284-2495	
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)	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Houston, TX 77039-3713	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Houston, TX 77095-4454	
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	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Houston, TX 77095-4454	
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	7 Amount of Contribution (\$) \$3.00	
	6 Contributor address; City; State; Zip Code Houston, TX 77095-4454		
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	Amount of Contribution (\$) \$3.00	
	Contributor address; City; State; Zip Code Houston, TX 77095-4454		
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	Amount of Contribution (\$) \$3.00	
	Contributor address; City; State; Zip Code Houston, TX 77095-4454		
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	Amount of Contribution (\$) \$3.00	
	Contributor address; City; State; Zip Code Houston, TX 77095-4454		
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	Amount of Contribution (\$) \$2.00	
	Contributor address; City; State; Zip Code Hackensack, NJ 07601-1105		
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.	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Houston, TX 77035-4337	
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.	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77035-4337	
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.	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77035-4337	
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.	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77035-4337	
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.	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77035-4337	
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)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004-1141	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77004-1141	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77004-1141	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77004-1141	
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)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Houston, TX 77004-1141	
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)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004-1141	
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.	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code Houston, TX 77002-6222	
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	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77077-5513	
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	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3535	
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	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3535	
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 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 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 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 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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	
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	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	
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	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Alamogordo, NM 88310-6413	
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.	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1403	
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	Amount of Contribution (\$) \$5,175.25
	Contributor address; City; State; Zip Code Houston, TX 77081-6624	
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	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Kalispell, MT 59901-1498	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	
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)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	
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)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	
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)	Amount of Contribution (\$) \$207.25
	Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	
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)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5716	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Harris county

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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 (\$) 9 In-kind contribution description \$650.00 Event Catering <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/108 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/108 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/108 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/108 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/108 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/02/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.20	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/09/2025	Payee name ActBlue Technical Services	
Amount (\$) \$4.13	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/108 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 10/19/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.48	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/23/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.91	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/108 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/108 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/28/2025	Payee name ActBlue Technical Services	
Amount (\$) \$2.08	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/31/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.40	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/108 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/108 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/108 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/108 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/108 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/108 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/108 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/108 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/108 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 211 E 7th St Ste 620 Austin, TX 78701-3218	State; Zip Code	
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 ONLY 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; 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	State; Zip Code	
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 ONLY 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; 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 Processing Fee - Federal Reimbursement
Complete ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 Processing Fee - Federal Reimbursement
9 Complete ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 812 Live Oak St Houston, TX 77003-3221	State; Zip Code	
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 ONLY 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; 812 Live Oak St Houston, TX 77003-3221	State; Zip Code	
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 ONLY 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; 812 Live Oak St Houston, TX 77003-3221	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 812 Live Oak St Houston, TX 77003-3221	State; Zip Code	
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 ONLY 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; 812 Live Oak St Houston, TX 77003-3221	State; Zip Code	
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 ONLY 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; 812 Live Oak St Houston, TX 77003-3221	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 Fl 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 ONLY 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 Fl 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State; Zip Code	
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 ONLY 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; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State; Zip Code	
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 ONLY 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; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State; Zip Code	
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 ONLY 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; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State; Zip Code	
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 ONLY 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; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rojas, Madeline	Office sought Office held
Date 07/16/2025	Payee name Rojas, Madeline	
Amount (\$) \$80.50	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rojas, Madeline	Office sought Office held
Date 07/30/2025	Payee name Rojas, Madeline	
Amount (\$) \$38.56	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rojas, Madeline	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shopify	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY 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; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Texas Secretary Of State	
Amount (\$) \$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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Texas Secretary Of State	
Amount (\$) \$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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Texas Secretary Of State	
Amount (\$) \$0.45	Payee address; City; 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 ONLY 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY 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 Fl 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 ONLY 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 Fl 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 Fl 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 ONLY 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 Fl 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 ONLY 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 Fl 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 Fl 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 ONLY 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 Fl 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held