

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

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|---|--|---|---|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00051022 | 2 Total pages filed: 8 |
| 3 COMMITTEE NAME Bellaire/Braeswood Democrats | | 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 <input type="checkbox"/> Change of Address 807 Jaquet Dr Bellaire, TX 77401-2814 | | | |
| | | | |
| | | | |
| | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | | |
| | NICKNAME Durio | LAST | SUFFIX |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 807 Jaquet Dr Bellaire, TX 77401-2814 | | APT / SUITE #; CITY; STATE; ZIP CODE |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; 807 Jaquet Dr Bellaire, TX 77401-2814 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 423-4038 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <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 |
| | THROUGH | | Month 12/31/2025 |
| 11 ELECTION | Month Day Year | ELECTION DATE | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |

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

**FORM GPAC
COVER SHEET PG 2**

| | | |
|---|--|---|
| 12 COMMITTEE NAME Bellaire/Braeswood Democrats | | 13 FILER ID (Ethics Commission Filers) 00051022 |
| 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 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 | \$ 345.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,455.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 498.05 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,998.05 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5,408.45 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 16 AFFIDAVIT | | |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>Mr. Patrick L. Durio _____ Signature of Campaign Treasurer</p> | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | |
| Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office. | | |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 8

| | |
|---|--|
| 17 COMMITTEE NAME Bellaire/Braeswood Democrats | 18 FILER ID (Ethics Commission Filers) 00051022 |
| 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 checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | |
| 6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | |
| 7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | |
| 9. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | |
| 10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8 |
| 2 FILER NAME Bellaire/Braeswood Democrats | | 3 Filer ID (Ethics Commission Filers) 00051022 |
| 4 Date 08/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baer, Betty (Mrs.) | 7 Amount of Contribution (\$) \$520.00 |
| | 6 Contributor address; City; State; Zip Code Housotn, TX 77025-3619 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 07/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clubs in Action PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77401 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durio, Patrick (Mr.) | Amount of Contribution (\$) \$260.00 |
| | Contributor address; City; State; Zip Code Bellaire, TX 77401-2814 | |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) Durio & Korpal, P.C. |
| Date 08/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holvereson, Jon (Mr.) | Amount of Contribution (\$) \$260.00 |
| | Contributor address; City; State; Zip Code Bellaire, TX 77401-4040 | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Self |
| Date 08/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lomax, Nancy (Mrs.) | Amount of Contribution (\$) \$520.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77025-3535 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8</p> |
| <p>2 FILER NAME Bellaire/Braeswood Democrats</p> | | <p>3 Filer ID (Ethics Commission Filers) 00051022</p> |
| <p>4 Date 08/11/2025</p> | <p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastin, Micki (Ms.)</p> | <p>7 Amount of Contribution (\$) \$520.00</p> |
| | <p>6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4930</p> | |
| <p>8 Principal occupation / Job title (See Instructions) Bookkeeper</p> | | <p>9 Employer (See Instructions) Self</p> |
| <p>Date 10/30/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberg, Marci (Mrs.)</p> | <p>Amount of Contribution (\$) \$250.00</p> |
| | <p>Contributor address; City; State; Zip Code Bellaire, TX 77401-4230</p> | |
| <p>Principal occupation / Job title (See Instructions) Attorney</p> | | <p>Employer (See Instructions) Unknown</p> |
| <p>Date 08/11/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Ella (Ms.)</p> | <p>Amount of Contribution (\$) \$260.00</p> |
| | <p>Contributor address; City; State; Zip Code Houston, TX 77081-2160</p> | |
| <p>Principal occupation / Job title (See Instructions) Retired</p> | | <p>Employer (See Instructions) None</p> |
| <p>Date 08/14/2025</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willaims, Wright (Mr.)</p> | <p>Amount of Contribution (\$) \$520.00</p> |
| | <p>Contributor address; City; State; Zip Code Houston, TX 77025-1104</p> | |
| <p>Principal occupation / Job title (See Instructions) Retired</p> | | <p>Employer (See Instructions) None</p> |

PLEDGED CONTRIBUTIONS**SCHEDULE B**

| | | | |
|---|---|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | | |
| 2 FILER NAME Bellaire/Braeswood Democrats | | | |
| 4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00 | | | |
| 5 Date | 6 Full name of pledgor 7 Pledgor Address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (If applicable) |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |

LOANS**SCHEDULE E**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 7/8 |
| 2 FILER NAME Bellaire/Braeswood Democrats | | 3 Filer ID (Ethics Commission Filers) 00051022 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal occupation | | 21 Employer (See Instructions) |

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: 1/1 Rpt: 8/8 | 2 FILER NAME Bellaire/Braeswood Democrats | 3 Filer ID (Ethics Commission Filers) 00051022 | |
| 4 Date 08/04/2025 | 5 Payee name Harris County Democratic Party | | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020 | | |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (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 donation | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |