

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080175	2 Total pages filed: 17		
3 COMMITTEE NAME Metrocrest Democrats		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/23/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount
Receipt #	Amount				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address					
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 476 Coppell, TX 75019					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Horace	MI		
	NICKNAME	LAST Blake	SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2226 Bunker Hill Drive Carrollton, TX 75006				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 2226 Bunker Hill Drive Carrollton, TX 75006				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 926-9024				
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 12/31/2025		
11 ELECTION	ELECTION DATE Month 02/10/2026	ELECTION TYPE <input checked="" 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 Metrocrest Democrats		13 FILER ID (Ethics Commission Filers) 00080175
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 checked="" 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)	\$ 615.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,511.47
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.

Mr. Horace Blake

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 17

17 COMMITTEE NAME Metrocrest Democrats	18 Filer ID (Ethics Commission Filers) 00080175
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 615.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,108.37
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: 1/4 Rpt: 4/17
2 FILER NAME Metrocrest Democrats		3 Filer ID (Ethics Commission Filers) 00080175
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alhilali, Ruth	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) not employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andre, Joel	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Plano, TX 75075	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Horace (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Carrollton, TX 75006	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Self
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Danielle	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code DdeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Associate judge		Employer (See Instructions) Dallas county
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Andrew (Mr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Farmers Branch, TX 75234	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Sawciki Law

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/17
2 FILER NAME Metrocrest Democrats		3 Filer ID (Ethics Commission Filers) 00080175
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmel, Sara	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Carrollton, TX 75006	
8 Principal occupation / Job title (See Instructions) Office manager		9 Employer (See Instructions) Lemmel-Neill Associates
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Sara	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Dallas, TX 75227	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulder, Nancy	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dallas County
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ashley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-7821	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fee Smith & Sharp
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Travis County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/17
2 FILER NAME Metrocrest Democrats		3 Filer ID (Ethics Commission Filers) 00080175
4 Date 07/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Austin, TX 78705	
8 Principal occupation / Job title (See Instructions) Cashier		9 Employer (See Instructions) Dunkin Donuts
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Dunkin Donuts
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Dunkin Donuts
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Dunkin Donuts
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Dunkin Donuts

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/17
2 FILER NAME Metrocrest Democrats			3 Filer ID (Ethics Commission Filers) 00080175
4 Date 12/06/2025	5 Full name of contributor Trahan, Luke 6 Contributor address; City; State; Zip Code Austin, TX 78705	7 Amount of Contribution (\$) \$5.00	
8 Principal occupation / Job title (See Instructions) Cashier		9 Employer (See Instructions) Dunkin Donuts	
Date 12/09/2025	Full name of contributor merrill, vin Contributor address; City; State; Zip Code coppell tx, TX 75019	Amount of Contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/17
2 FILER NAME Metrocrest Democrats		3 Filer ID (Ethics Commission Filers) 00080175
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)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/9 Rpt: 9/17	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 07/02/2025	5 Payee name ActBlue Discounts	
6 Amount (\$) 4.74 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising expense	(b) Description (See instructions regarding type of information required.) Fundraising expense
Date 07/06/2025	Payee name ActBlue Discounts	
Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising expense	(b) Description (See instructions regarding type of information required.) Fundraising expense
Date 07/21/2025	Payee name ActBlue Discounts	
Amount (\$) 2.37 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising expense	(b) Description (See instructions regarding type of information required.) Fundraising expense
Date 08/06/2025	Payee name ActBlue Discounts	
Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising expense	(b) Description (See instructions regarding type of information required.) Fundraising expense

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 08/11/2025	5 Payee name ActBlue Discounts	
6 Amount (\$) 2.37 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expense	(b) Description (See instructions regarding type of information required.) Fundraising expense
Date 09/06/2025	Payee name ActBlue Discounts	
Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expense	(b) Description (See instructions regarding type of information required.) Fundraising Expense
Date 09/07/2025	Payee name ActBlue Discounts	
Amount (\$) 1.19 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expense	(b) Description (See instructions regarding type of information required.) Fundraising Expense
Date 09/08/2025	Payee name ActBlue Discounts	
Amount (\$) 2.37 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expenses	(b) Description (See instructions regarding type of information required.) Fundraising Expense

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 10/06/2025	5 Payee name ActBlue Discounts	
6 Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expenses	(b) Description (See instructions regarding type of information required.) Fundraising Expense
Date 11/06/2025	Payee name ActBlue Discounts	
Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expense	(b) Description (See instructions regarding type of information required.) Fundraising Expense
Date 11/20/2025	Payee name ActBlue Discounts	
Amount (\$) 1.19 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expense	(b) Description (See instructions regarding type of information required.) Fundraising Expense
Date 11/25/2025	Payee name ActBlue Discounts	
Amount (\$) 2.37 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expenses	(b) Description (See instructions regarding type of information required.) Fundraising Expenses

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 12/06/2025	5 Payee name ActBlue Discounts	
6 Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expenses	(b) Description (See instructions regarding type of information required.) Fundraising Expenses
Date 12/09/2025	Payee name ActBlue Discounts	
Amount (\$) 1.98 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expenses	(b) Description (See instructions regarding type of information required.) Fundraising Expenses
Date 12/09/2025	Payee name ActBlue Discounts	
Amount (\$) 1.19 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expenses	(b) Description (See instructions regarding type of information required.) Fundraising Expenses
Date 12/09/2025	Payee name ActBlue Discounts	
Amount (\$) 2.37 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising Expenses	(b) Description (See instructions regarding type of information required.) Fundraising Expenses

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 12/11/2025	5 Payee name Fiverr	
6 Amount (\$) 209.35 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 8 Eliezer Kaplan St Tel Aviv 6473409 Israel	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Web Services
Date 07/14/2025	Payee name IONOS Inc.	
Amount (\$) 55.33 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Web Services	(b) Description (See instructions regarding type of information required.) Web Services
Date 08/21/2025	Payee name IONOS Inc.	
Amount (\$) 55.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 09/05/2025	Payee name IONOS Inc.	
Amount (\$) 8.31 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 09/12/2025	5 Payee name IONOS Inc.	
6 Amount (\$) 55.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 10/14/2025	Payee name IONOS Inc.	
Amount (\$) 55.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 10/20/2025	Payee name IONOS Inc.	
Amount (\$) 205.04 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 11/12/2025	Payee name IONOS Inc.	
Amount (\$) 55.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 11/25/2025	5 Payee name IONOS Inc.	
6 Amount (\$) 8.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 12/12/2025	Payee name IONOS Inc.	
Amount (\$) 55.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 12/26/2025	Payee name IONOS Inc.	
Amount (\$) 40.17 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 07/21/2025	Payee name Mailchimp	
Amount (\$) 13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Web Services	(b) Description (See instructions regarding type of information required.) Web Services

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 08/19/2025	5 Payee name Mailchimp	
6 Amount (\$) 13.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 09/19/2025	Payee name Mailchimp	
Amount (\$) 13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 10/20/2025	Payee name Mailchimp	
Amount (\$) 13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 11/18/2025	Payee name Mailchimp	
Amount (\$) 13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 9/9 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 12/18/2025	5 Payee name Mailchimp	
6 Amount (\$) 13.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services
Date 12/25/2025	Payee name Wix.com Inc.	
Amount (\$) 188.35 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 40 Hanamal Street Tel Aviv 6350671 Israel	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Web Services	(b) Description (See instructions regarding type of information required.) Web Services
Date 12/22/2025	Payee name Wix.com Inc.	
Amount (\$) 10.71 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 40 Hanamal Street Tel Aviv 6350671 Israel	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) web services	(b) Description (See instructions regarding type of information required.) web services