

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Democratic Veterans Caucus	13 Filer ID (Ethics Commission Filers) 00066791
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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 Rable Kayle US House 19th district
		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)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 114.00
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	\$ 7,622.93
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. John O. Applewhaite

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

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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 Riley Rodriquez 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Stephanie Guerrero 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.)	
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 Jeff Chavez State Representative 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.)		

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Ray Stith State Representative B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	
	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Orlando Lopez State Representative B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Diana Loya State Representative B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

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FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Democratic Veterans Caucus	13 Filer ID (Ethics Commission Filers) 00066791
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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 Zack Dunn State Representative
		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.)	

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 Odus Evbagaru State Representative
		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.)	

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 Smith Smith State Representative
		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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Democratic Veterans Caucus		18 Filer ID (Ethics Commission Filers) 00066791
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 114.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input 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	\$ 45.58
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: 1/1 Rpt: 7/8
2 FILER NAME Texas Democratic Veterans Caucus		3 Filer ID (Ethics Commission Filers) 00066791
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Macey	7 Amount of Contribution (\$) \$16.00
	6 Contributor address; City; State; Zip Code Allen, TX 75002	
8 Principal occupation / Job title (See Instructions) Styling by Macey		9 Employer (See Instructions) Self
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grable, Marilyn	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Killeen, TX 76549-7908	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Tammi	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Cibolo, TX 78108	
Principal occupation / Job title (See Instructions) Federal Employee		Employer (See Instructions) Federal Government
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Douglas	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76112	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyndall, Andrew	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Austin, TX 78744	
Principal occupation / Job title (See Instructions) project manager		Employer (See Instructions) meta

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2 FILER NAME Texas Democratic Veterans Caucus	3 Filer ID (Ethics Commission Filers) 00066791
4 Date 03/25/2026	5 Payee name ActBlue LLC.	
6 Amount (\$) 4.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 14 Arrow Street Suite 11 Cambridge, MA 02138	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Donation Fees
Date 03/02/2026	Payee name Google.com	
Amount (\$) 12.79 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Storage	(b) Description (See instructions regarding type of information required.) Cloud Storage
Date 03/09/2026	Payee name Mail Chimp	
Amount (\$) 28.25 <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) Mail	(b) Description (See instructions regarding type of information required.) Mass Mailing