

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) 00085763	2 Total pages filed: 12
3 COMMITTEE NAME Latinas United PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 06/30/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 7262 Houston, TX 77248		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mary ----- NICKNAME LAST SUFFIX Ramos		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2314 Tannehill Drive Houston, TX 77008		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1300 W. 19th Houston, TX 77008		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 628-7500		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year 11/07/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" 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 Latinas United PAC	13 Filer ID (Ethics Commission Filers) 00085763
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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
		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)	\$ 1,018.42
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 198.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,746.84
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.

Mary Ramos

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 12

17 COMMITTEE NAME Latinas United PAC		18 Filer ID (Ethics Commission Filers) 00085763
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,018.42
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 198.53
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 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: 1/4 Rpt: 4/12
2 FILER NAME Latinas United PAC		3 Filer ID (Ethics Commission Filers) 00085763
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Eric (Judge)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Carter Law Firm
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisneroz, San Juanita	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) School Principal		Employer (See Instructions) RYSS
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Olivia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77092	
Principal occupation / Job title (See Instructions) Community Liaison		Employer (See Instructions) State of Texas
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollins, Christopher	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hollins Law Group PLLC
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Victoria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77051	
Principal occupation / Job title (See Instructions) Economic Development Director		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: 2/4 Rpt: 5/12
2 FILER NAME Latinas United PAC		3 Filer ID (Ethics Commission Filers) 00085763
4 Date 02/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Victoria (Ms.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77051	
8 Principal occupation / Job title (See Instructions) Economic Development Director		9 Employer (See Instructions) Harris County
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Irene (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77338	
Principal occupation / Job title (See Instructions) Comms		Employer (See Instructions) Harris county
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Ada	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Corp Communications Mgr		Employer (See Instructions) Community First Health Plans
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Conchita	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77023	
Principal occupation / Job title (See Instructions) CR Financials Group		Employer (See Instructions) Business Advisor
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas, Rose	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Spring, TX 77379	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Migraine Relief Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/12
2 FILER NAME Latinas United PAC		3 Filer ID (Ethics Commission Filers) 00085763
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalder, Barbara (Judge)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77089	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalder, Barbara (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77089	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalder, Barbara (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77089	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalder, Barbara (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77089	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalder, Barbara (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77089	
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: 4/4 Rpt: 7/12
2 FILER NAME Latinas United PAC		3 Filer ID (Ethics Commission Filers) 00085763
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalder, Barbara (Judge)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77089	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vazquez, Alma (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77023	
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Harris County
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77002	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitmire, John (Sen.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77007	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 8/12	2 FILER NAME Latinas United PAC	3 Filer ID (Ethics Commission Filers) 00085763
4 Date 01/22/2023	5 Payee name ActBlue	
6 Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2023	Payee name ActBlue	
Amount (\$) \$3.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2023	Payee name ActBlue	
Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 9/12	2 FILER NAME Latinas United PAC	3 Filer ID (Ethics Commission Filers) 00085763
4 Date 02/19/2023	5 Payee name ActBlue	
6 Amount (\$) \$11.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2023	Payee name ActBlue	
Amount (\$) \$7.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2023	Payee name ActBlue	
Amount (\$) \$3.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 10/12	2 FILER NAME Latinas United PAC	3 Filer ID (Ethics Commission Filers) 00085763
4 Date 03/19/2023	5 Payee name ActBlue	
6 Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2023	Payee name ActBlue	
Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2023	Payee name ActBlue	
Amount (\$) \$2.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 11/12	2 FILER NAME Latinas United PAC	3 Filer ID (Ethics Commission Filers) 00085763
4 Date 05/21/2023	5 Payee name ActBlue	
6 Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2023	Payee name ActBlue	
Amount (\$) \$3.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2023	Payee name ActBlue	
Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 online fundraising platform 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: 5/5 Rpt: 12/12	2 FILER NAME Latinas United PAC	3 Filer ID (Ethics Commission Filers) 00085763
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4 Date 03/08/2023	5 Payee name Cadence Bank
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6 Amount (\$) \$8.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 Post Oak Blvd #100 Houston, TX 77056
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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 Check Order Charge
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/30/2023	Payee name LULAC
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Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1019 W Gardner St. Houston, TX 77009
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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 Parade Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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