

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00085023	<b>2 Total pages filed:</b> 9
<b>3 COMMITTEE NAME</b> New Voices Texas		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/18/2023	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1192 Sanders  Kyle, TX 78640	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST Ms. Sarai	MI	
	NICKNAME LAST SUFFIX Flores		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 1428 Arizona Ave  Fort Worth, TX 76104	APT / SUITE #; CITY; STATE; ZIP CODE	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1428 Arizona Ave  Fort Worth, TX 76104	APT / SUITE #; CITY; STATE; ZIP CODE	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 361-2581		
<b>9 REPORT TYPE</b>	<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		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 01/01/2023      06/30/2023		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" 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

<b>12 COMMITTEE NAME</b> New Voices Texas	<b>13 Filer ID</b> (Ethics Commission Filers) 00085023
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$	183.30
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	276.61
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	240.45
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	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.

Ms. Sarai Flores  
\_\_\_\_\_  
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 9

<b>17 COMMITTEE NAME</b> New Voices Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00085023
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 183.30
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	\$ 276.61
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	\$ 9.72
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.04

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/9
<b>2</b> FILER NAME New Voices Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00085023
<b>4</b> Date 06/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavira, Adriana (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  North Hollywood, CA 91606	
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Los Angeles Unified School District
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doerr, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin Independent School District
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keyser-Fanick Ph.D, Christine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78254	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raper, Margie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McKinney, TX 75070	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reeves, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Buda, TX 78610	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin Independent School District

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 5/9	<b>2</b> FILER NAME New Voices Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00085023
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<b>4</b> Date 03/14/2023	<b>5</b> Payee name H-E-B
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<b>6</b> Amount (\$) \$10.54	<b>7</b> Payee address; City; State; Zip Code 5401 Farm to Market 1626  Kyle, TX 78640
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for Lobby day participants
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/14/2023	Payee name Office Depot
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Amount (\$) \$42.85	Payee address; City; State; Zip Code 9600 I-35  Austin, TX 78748
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Folders, labels, and markers for Lobby Day event
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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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Date 03/14/2023	Payee name Office Depot
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Amount (\$) \$43.49	Payee address; City; State; Zip Code 9600 I-35  Austin, TX 78748
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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 for Lobby Day event
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 6/9	<b>2</b> FILER NAME New Voices Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00085023
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<b>4</b> Date 06/25/2023	<b>5</b> Payee name Word Press
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<b>6</b> Amount (\$) \$121.34  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 60 29th Street #343  San Francisco , CA 94110
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Domain Renewal	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Renewal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/15/2023	Payee name i Fratelli Pizza
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Amount (\$) \$58.39  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 501 W 15th St  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for Lobby Day participants
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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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt: 7/9	<b>2</b> FILER NAME New Voices Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00085023
<b>4</b> Date 06/26/2023	<b>5</b> Payee name Paypal Express	
<b>6</b> Amount (\$) 3.92 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2211 North First Street  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Donation Processing Fee
Date 03/07/2023	Payee name Stripe	
Amount (\$) 1.45 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Donation Processing Fee
Date 03/14/2023	Payee name Stripe	
Amount (\$) 1.45 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Donation Processing Fee
Date 06/29/2023	Payee name Stripe	
Amount (\$) 1.45 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Blvd  South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Donation Processing Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/2 Rpt: 8/9	<b>2</b> FILER NAME New Voices Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00085023
<b>4</b> Date 06/30/2023	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) 1.45 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 354 Oyster Point Blvd South San Francisco, CA 94080	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Donation Processing Fee



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 9/9
<b>2</b> FILER NAME New Voices Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00085023
<b>4</b> Date 03/31/2023	<b>5</b> Name of person from whom amount is received Randolph-Brooks Federal Credit Union <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Universal City, TX 78148	<b>8</b> Amount (\$)  \$0.01
<b>7</b> Purpose for which amount is received Dividend <input type="checkbox"/> Check if political contribution returned to filer		
Date 04/30/2023	Name of person from whom amount is received Randolph-Brooks Federal Credit Union <hr/> Address of person from whom amount is received; City; State; Zip Code  Universal City, TX 78148	Amount (\$)  \$0.01
Purpose for which amount is received Dividend <input type="checkbox"/> Check if political contribution returned to filer		
Date 05/31/2023	Name of person from whom amount is received Randolph-Brooks Federal Credit Union <hr/> Address of person from whom amount is received; City; State; Zip Code  Universal City, TX 78148	Amount (\$)  \$0.01
Purpose for which amount is received Dividend <input type="checkbox"/> Check if political contribution returned to filer		
Date 06/30/2023	Name of person from whom amount is received Randolph-Brooks Federal Credit Union <hr/> Address of person from whom amount is received; City; State; Zip Code  Universal City, TX 78148	Amount (\$)  \$0.01
Purpose for which amount is received Dividend <input type="checkbox"/> Check if political contribution returned to filer		