

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Capital Area Democratic Women PAC	13 Filer ID (Ethics Commission Filers) 00051024
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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) <input 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)	\$ 1,129.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,219.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,650.67
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.

Allison G. Hienrich

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

17 COMMITTEE NAME Capital Area Democratic Women PAC		18 Filer ID 00051024	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,129.41
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	\$	1,219.42
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: 1/5 Rpt: 4/14
2 FILER NAME Capital Area Democratic Women PAC		3 Filer ID (Ethics Commission Filers) 00051024
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Carlos (The Honorable)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78727	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Travis County
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blazey, Dayna (The Honorable)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blazey, Dayna (The Honorable)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo Law Office	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78716	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo-Littlejohn, Susana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78716	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/14
2 FILER NAME Capital Area Democratic Women PAC		3 Filer ID (Ethics Commission Filers) 00051024
4 Date 02/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Linda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Alicia <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elzey, Anne <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Heidi <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Heidi <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/14
2 FILER NAME Capital Area Democratic Women PAC		3 Filer ID (Ethics Commission Filers) 00051024
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, Allison <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Chief of Staff		9 Employer (See Instructions) Texas House of Representatives
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon-Mercado, Dyana (The Honorable) <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$21.37
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions) Travis County
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon-Mercado, Dyana (The Honorable) <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$47.68
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions) Travis County
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neely, Mary Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/14
2 FILER NAME Capital Area Democratic Women PAC		3 Filer ID (Ethics Commission Filers) 00051024
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payan, Beth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$47.68
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Jason English Law
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Velva (The Honorable) <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Travis County
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78715	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Information Developer		Employer (See Instructions) IBM
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega Rubio, Andromeda <hr/> Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$316.11
Principal occupation / Job title (See Instructions) Criminal Defense Attorney		Employer (See Instructions) A. Vega Rubio Law
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Kennon <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$210.84
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Scott Douglass & McConnico LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/14
2 FILER NAME Capital Area Democratic Women PAC		3 Filer ID (Ethics Commission Filers) 00051024
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yelverton, Brittany	7 Amount of Contribution (\$) \$26.63
	6 Contributor address; City; State; Zip Code Austin, TX 78748	
8 Principal occupation / Job title (See Instructions) Non-profit Director		9 Employer (See Instructions) Girls Empowerment Network

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: 1/6 Rpt: 9/14	2 FILER NAME Capital Area Democratic Women PAC	3 Filer ID (Ethics Commission Filers) 00051024
4 Date 04/06/2023	5 Payee name Austin AFL-CIO Council	
6 Amount (\$) \$215.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Program ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/03/2023	Candidate/Officeholder name Constant Contact	
Amount (\$) \$47.97 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1601 Trapelo Rd Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2023	Candidate/Officeholder name Constant Contact	
Amount (\$) \$47.97 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1601 Trapelo Rd Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Email service
Complete <u>ONLY</u> 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: 2/6 Rpt: 10/14	2 FILER NAME Capital Area Democratic Women PAC	3 Filer ID (Ethics Commission Filers) 00051024
4	Date 03/28/2023	5 Payee name Constant Contact	
6	Amount (\$) \$47.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Email service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 04/05/2023		Candidate/Officeholder name Constant Contact	
Amount (\$) \$47.97 <input type="checkbox"/> Expenditure from corporate funds		Office sought 1601 Trapelo Rd Waltham, MA 02451	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Email service
Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 05/05/2023		Candidate/Officeholder name Constant Contact	
Amount (\$) \$47.97 <input type="checkbox"/> Expenditure from corporate funds		Office sought 1601 Trapelo Rd Waltham, MA 02451	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Email service
Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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: 3/6 Rpt: 11/14	2 FILER NAME Capital Area Democratic Women PAC	3 Filer ID (Ethics Commission Filers) 00051024
4 Date 06/05/2023	5 Payee name Constant Contact	
6 Amount (\$) \$47.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Email service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2023	Payee name DonateWay	
Amount (\$) \$29.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2023	Payee name DonateWay	
Amount (\$) \$1.63 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
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: 4/6 Rpt: 12/14	2 FILER NAME Capital Area Democratic Women PAC	3 Filer ID (Ethics Commission Filers) 00051024
4 Date 04/30/2023	5 Payee name DonateWay	
6 Amount (\$) \$16.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name DonateWay	
Amount (\$) \$6.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/08/2023	Payee name El Mercado - South	
Amount (\$) \$108.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1302 S. 1st St Austin, TX 78704	
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 Deposit for meeting space
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: 5/6 Rpt: 13/14	2 FILER NAME Capital Area Democratic Women PAC	3 Filer ID (Ethics Commission Filers) 00051024
4 Date 02/24/2023	5 Payee name El Mercado - South	
6 Amount (\$) \$292.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1302 S. 1st St Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Club Lunch Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/01/2023	Candidate/Officeholder name Office sought Office held	
Date 01/01/2023	Payee name Google LLC	
Amount (\$) \$12.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 GSuite
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/01/2023	Candidate/Officeholder name Office sought Office held	
Date 02/01/2023	Payee name Google LLC	
Amount (\$) \$12.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 GSuite
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 6/6 Rpt: 14/14	2 FILER NAME Capital Area Democratic Women PAC	3 Filer ID (Ethics Commission Filers) 00051024
4 Date 06/12/2023	5 Payee name Google LLC	
6 Amount (\$) \$27.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 GSuite
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2023	Payee name Google LLC	
Amount (\$) \$27.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 GSuite
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2023	Payee name Square Space	
Amount (\$) \$181.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Web hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held