

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) 00082589	2 Total pages filed: 8																				
3 COMMITTEE NAME Kyle-Buda Area Democrats		OFFICE USE ONLY																					
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		Date Received ELECTRONICALLY FILED 07/10/2023 Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 60%;">Receipt #</td> <td style="border: none; width: 40%;">Amount</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged															
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5 CAMPAIGN TREASURER NAME	<table style="width:100%; border: none;"> <tr> <td style="width: 25%;">MS / MRS / MR</td> <td style="width: 25%;">FIRST</td> <td style="width: 25%;">MI</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>Elizabeth</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="border-top: 1px dotted black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td colspan="2">SUFFIX</td> </tr> <tr> <td></td> <td>Strand</td> <td colspan="2"></td> </tr> </table>			MS / MRS / MR	FIRST	MI			Elizabeth							NICKNAME	LAST	SUFFIX			Strand		
MS / MRS / MR	FIRST	MI																					
	Elizabeth																						
NICKNAME	LAST	SUFFIX																					
	Strand																						
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border: none;"> <tr> <td style="width: 45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 10%;">APT / SUITE #;</td> <td style="width: 10%;">CITY;</td> <td style="width: 10%;">STATE;</td> <td style="width: 15%;">ZIP CODE</td> </tr> <tr> <td>16201 Oak Grove Rd.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Buda, TX 78610</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	16201 Oak Grove Rd.					Buda, TX 78610									
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Buda, TX 78610																							
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border: none;"> <tr> <td style="width: 45%;">STREET OR PO BOX;</td> <td style="width: 10%;">APT / SUITE #;</td> <td style="width: 10%;">CITY;</td> <td style="width: 10%;">STATE;</td> <td style="width: 15%;">ZIP CODE</td> </tr> <tr> <td>16201 Oak Grove Rd.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Buda, TX 78610</td> </tr> </table>			STREET OR PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	16201 Oak Grove Rd.					Buda, TX 78610									
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8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;">AREA CODE</td> <td style="width: 20%;">PHONE NUMBER</td> <td style="width: 20%;">EXTENSION</td> <td style="width: 40%;"></td> </tr> <tr> <td>(512)</td> <td>297-8665</td> <td></td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION		(512)	297-8665														
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9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> January 15</td> <td style="width: 30%;"><input type="checkbox"/> 30th day before election</td> <td style="width: 30%;"><input type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td></td> </tr> </table>			<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												
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 20%;"></td> <td style="width: 10%;">THROUGH</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td>01</td> <td>01</td> <td>2023</td> <td></td> <td></td> <td>06</td> <td>30</td> <td>2023</td> </tr> </table>			Month	Day	Year		THROUGH	Month	Day	Year	01	01	2023			06	30	2023				
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11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other				<input type="checkbox"/> General	<input type="checkbox"/> Special					
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Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other																		
			<input type="checkbox"/> General	<input type="checkbox"/> Special																			

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Kyle-Buda Area Democrats	13 Filer ID (Ethics Commission Filers) 00082589
------------------------------------------------------	-----------------------------------------------------------

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)	\$ 2,046.97
	<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)	\$ 2,308.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,042.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,577.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,786.85
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.

Elizabeth Strand

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 Kyle-Buda Area Democrats		18 Filer ID (Ethics Commission Filers) 00082589
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,308.97
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,577.54
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: 1/1 Rpt: 4/8
2 FILER NAME Kyle-Buda Area Democrats		3 Filer ID (Ethics Commission Filers) 00082589
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Virginia <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/8
2 FILER NAME Kyle-Buda Area Democrats		3 Filer ID (Ethics Commission Filers) 00082589
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/3 Rpt: 6/8	2 FILER NAME Kyle-Buda Area Democrats	3 Filer ID (Ethics Commission Filers) 00082589
4 Date 02/13/2023	5 Payee name Amazon	
6 Amount (\$) \$464.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A/V equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Live streaming camera
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/15/2023	Payee name Amazon	
Amount (\$) \$47.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A/V equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Floor stand for camera
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2023	Payee name Amazon	
Amount (\$) \$43.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A/V equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Audio mixer
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: 2/3 Rpt: 7/8	2 FILER NAME Kyle-Buda Area Democrats	3 Filer ID (Ethics Commission Filers) 00082589
4 Date 03/01/2023	5 Payee name Amazon	
6 Amount (\$) \$8.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A/V equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Aux cable
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Amazon	
Amount (\$) \$178.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A/V equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wireless mic and stand
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2023	Payee name Amazon	
Amount (\$) \$23.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A/V equipment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HDMI cable
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: 3/3 Rpt: 8/8	2 FILER NAME Kyle-Buda Area Democrats	3 Filer ID (Ethics Commission Filers) 00082589
4 Date 01/10/2023	5 Payee name Kaufman, Leah	
6 Amount (\$) \$204.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 353 Leonardo Kyle, TX 78640	
8 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 Christmas party supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2023	Candidate/Officeholder name Payee name Kyle Chamber of Commerce	
Amount (\$) \$238.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 401 W Center St Kyle, TX 78640	
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 Promote our club
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/14/2023	Candidate/Officeholder name Payee name The UPS Store	
Amount (\$) \$325.72 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 5401 FM 1626 Kyle, TX 78640	
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 Door hangers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		