FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069417 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Latina List Date Received **ELECTRONICALLY FILED** 07/16/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 64025 Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76164 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Emma C. NAME NICKNAME LAST **SUFFIX** Preciado STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 27025 Daffodil Place STREET **ADDRESS** (Residence or Business) Boerne, TX 78015 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 288-1224 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/29/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|----------------|----------------------------|
| Texas Latina List | | | 00069417 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 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 | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 20.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | DAY \$ | 3,092.72 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | <u> </u> | | · | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | |
| | | Mrs. Emma | C. Preciado | |
| | | Signature of Car | mpaign Treasui | rer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| | | , th | nis the | day |
| of | _, 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer ac | dministoring oath | Printed name of officer administering oath | Title of offic | er administering oath |
| organitie of officer at | anniscing ban | Timed hame of onicer administrating batti | THE OF UITE | or auministering odul |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | 3 of 5 | | | | |
|-----------|--|-----------------------------|----------------------------|--|--|--|--|
| 17 COMMIT | TEE NAME atina List | 18 Filer ID 00069417 | (Ethics Commission Filers) | | | | |
| 19 SCHEDI | 19 SCHEDULE SUBTOTALS | | | | | | |
| NAME C | SUBTOTAL AMOUNT | | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 20.00 | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | DR | \$ | | | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION | ATION OR | \$ | | | | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | SANIZATION | \$ | | | | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | ? | \$ | | | | |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR | ORGANIZATION | \$ | | | | |
| 9. | SCHEDULE E: LOANS | | \$ | | | | |
| 10. | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | | | | |
| 11. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | |
| 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | | | | |
| 13. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | |
| 14. X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ 21.17 | | | | |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | SCHEDULE A1 | | |
|---|--|-----|---|---------|--|
| | The Instruction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 4/5 | | |
| 2 | FILER NAME Texas Latina List | 3 | Filer ID (Ethics Commission Filers) 00069417 | | |
| 4 | Date 05/17/2023 5 Full name of contributor out-of-state PAC (ID#:) Ortega-Putney, Sally 6 Contributor address; City; State; Zip Code | 7 | Amount of Contribution (\$) | \$10.00 | |
| | Highland Village, TX 75077 | | | | |
| 8 | Principal occupation / Job title (See Instructions) HR Manager 9 Employer (See Instructions Climate Pros | is) | | | |
| | Poate Full name of contributor out-of-state PAC (ID#:) 16/17/2023 Ortega-Putney, Sally Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$10.00 | |
| | Highland Village, TX 75077 Principal occupation / Job title (See Instructions) HR Manager Employer (See Instructions) Climate Pros | ns) | | | |
| | | | | | |

NON-POLITICAL EXPENDITURES MADE EROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | | |
|---|--|--|--|--|--|--|
| Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 1/1 Rpt: 5/5 Date | Texas Latina List | 00069417 | | | | |
| Date | 5 Payee name | | | | | |
| 06/02/2023 | GoDaddy | | | | | |
| Amount (\$) | 7 Payee Address; City; State; Zip | | | | | |
| 21.17 | 14455 N Hayden Rd #219 | | | | | |
| Expenditure from corporate funds | Scottsdale, AZ 85260 | | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b | Description (See instructions regarding type of information required.) | | | | |
| OF EXPENDITURE | Fees | Fee for GoDaddy service | | | | |
| | | | | | | |
| | | | | | | |