#### 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) 00082686 3 COMMITTEE NAME **OFFICE USE ONLY** Democratic Women of WilCo PAC Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 9703 Moorberry St. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78729 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Paula F. NAME NICKNAME LAST **SUFFIX** Everett STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 9703 Moorberry St. STREET **ADDRESS** (Residence or Business) Austin, TX 78729 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 9703 Moorberry St. MAILING **ADDRESS** Austin, TX 78729 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 497-3827 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 Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 01/01/2023 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

ACTIVITY  (Identify by name or. if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or. if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by party.)  B. Opposed  3. Officeholders Assisted (Identify by party.)  B. Opposed  3. Opposed  4. TOTAL POLITICAL CONTRIBUTIONS (IDENTIFY IDENTIFY IDE	2 COMMITTEE NAME			13 Filer	· ID	(Ethics Commission Filers)
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(Attach lists on plain popor to complete the report of conceptent of concept	4 COMMITTEE	1. Candidates	A. Supported	I		
Supported   Supported   Supported	ACTIVITY					
Contribution   Cont	paper to complete this		B. Opposed			
Contribution   Cont		2. Measures	A. Supported			
3. Officeholders Assisted (liderally by pame or, if I globrable, classity by party.)  5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE LECTRONICALLY)   check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  S. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  S. TOTAL POLITI		(Describe by date and location				
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LAST DAY OF THE REPORTING PERIOD  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. Paula F. Everett  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day				HE LAST DAY	\$	477.41
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. Paula F. Everett  Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day		1 -		S AS OF THE	\$	0.00
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Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day			true and correct and includes	s all information r		
Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day				4. B. I. E. E.		
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Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of officer a	dministering oath	Printed name of officer administering oath	Title	of office	er administering oath

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

				3 of 5
		EE NAME ic Women of WilCo PAC	<b>18</b> Filer ID 00082686	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 75.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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)

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/5	FILER NAME     Democratic Women of WilCo PAC	3 Filer ID (Ethics Commission Filers) 00082686
<b>4</b> Date 01/03/2023	5 Payee name PNC Bank	·
6 Amount (\$) \$15.00  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 13497 N. Hwy 183 Suite 100 Austin, TX 78750  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense service fees
Complete ONLY if direct expenditure to benefit C/Or	Candidate/Officeholder name Office sought	Office held
Date 02/01/2023	Payee name PNC Bank	
Amount (\$) \$15.00  Expenditure from corporate funds  PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 13497 N. Hwy 183 Suite 100 Austin, TX 78750  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense service fees
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Date 03/01/2023	Payee name PNC Bank  Payee address: City: State: Zin Code	
Amount (\$) \$15.00  Expenditure from corporate funds	Payee address; City; State; Zip Code 13497 N. Hwy 183 Suite 100 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense service fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.	OTTLER (effect a category flot listed above)		
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		Filer ID (Ethics Commission Filers)		
Sch: 2/2 Rpt: 5/5	Democratic Women of WilCo PAC		00082686		
4 Date	5 Payee name	•			
04/03/2023	PNC Bank				
6 Amount (\$) \$15.00  Expenditure from corporate funds	7 Payee address; City; State; Zip Coo 13497 N. Hwy 183 Suite 100 Austin, TX 78750	de			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		tside of Texas. Complete Schedule T. X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office souç H	Jht	Office held		
Date	Payee name				
05/01/2023	PNC Bank				
Amount (\$) \$15.00  Expenditure from corporate funds	Payee address; City; State; Zip Coo 13497 N. Hwy 183 Suite 100 Austin, TX 78750	de			
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Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ht	Office held		