CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

	nics Commission Filers) 2	Total pages filed:			OFFICE U	SE ONLY
00080175		11			Date Received	
3 COMMITTEE NAME	Metrocrest Democrats				ELECTRONICAI 07/17/2023	LLY FILED
4 TREASURER NAME	Zatyko, Steven A. (Mr.)				Dete Hand de Burned en D	Pate Dasterarda d
5 ORIGINAL					Date Hand-delivered or I	Date Postmarked
REPORT TYPE	January 15	Runofi			Receipt #	Amount
	X July 15 30th day before election		ay after campaign treasurer r	esignation		
	8th day before election		ution report (specify)		Date Processed	
			(specify)			
6 ORIGINAL PERIOD COVERED	Month Day Year 04/29/2023	THROUGH	Month Day Ye 06/30/2023	ear	Date Imaged	
7 EXPLANATION OF	CORRECTION				2	
Missed one expenditure	but caught it before the dead	line				
8 AFFIDAVIT			ar, or affirm, under penalty orrect.	y of perjury,	, that this corrected	report is true
		Chec	k the box next to any and	all applicab	le statements:	
			Semiannual reports: I was made in good faith a misrepresent the informat	nd without a	an intent to mislead	
			Other reports: I swear report not later than the 1 that the report as originall swear, or affirm, that any filed was made in good fa	4th busines. Iy filed is ina error or om	ss day after the date accurate or incomple	l learned ete. l
			Mr. S	Steven A.	Zatyko	
			Signature	of Campai	gn Treasurer	
AFFIX NOTARY S	TAMP / SEAL ABOVE					
	cribed before me, by the said			, this th	ie	day
of	, 20, to certify	y which, witness my ha	and and seal of office.			
Signature of office	cer administering oath	Printed name of offi	cer administering oath	Т	itle of officer admini	stering oath
			The Campaign Finan Id Explain Correctio		ort Form	
Forms provided by To	xas Ethics Commission	MAAAAA othio				V3 5 1 a18ea2ca

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

			1.	Filer ID	-	Total names file de
Th	e GPAC Instruction	Guide explains how to complete this form.	1	(Ethics Commission Filers) 00080175	2	2 Total pages filed: 11
3	COMMITTEE NAME		_		Г	OFFICE USE ONLY
	Metrocrest Democ	rats			F	Date Received
					_ '	07/17/2023
4	COMMITTEE ADDRESS	, , , ,	ΓY;	STATE; ZIP CODE	I	
	ADDREGG	P.O. Box 476				Date Hand-delivered or Date Postmarked
	Change of Address					
		Coppell, TX 75019			F	Receipt # Amount
					Γ	Date Processed
					C	Date Imaged
L						
5	CAMPAIGN	MS / MRS / MR FIRST	_		N	
	TREASURER NAME	Mr. Steven A.				
		NICKNAME LAST			S	UFFIX
		Zatyko				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY;		STATE; ZIP CODE
ľ	TREASURER	970 Laguna Dr.		, conz., on,	,	
	STREET ADDRESS					
	(Residence or Business)	Coppell, TX 75019				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #; CIT	Y;	STATE; ZIP CODE
	MAILING	970 Laguna Dr.				
	ADDRESS					
	Change of Address	Coppell, TX 75019				
-						
8	CAMPAIGN TREASURER		EX	TENSION		
	PHONE	(214) 755-8056				
9	REPORT TYPE	January 15 3	0th d	lay before election		Dissolution (Attach PAC-DR)
			th di	ay before election		10th day after campaign treasurer
		X July 15		Ľ		termination
			uno	ff		
10	PERIOD	Month Day Year		Month Day		Year
	COVERED		HR	DUGH 06/30/202	23	
11	ELECTION	ELECTION DATE		ELECTION TYPE		
	-		Prim			X Other
		06/30/2023				
			Gen	eral Special		Semi Annual Reporting
		GO	то	PAGE 2		
For	rms provided by To	xas Ethics Commission www.e	thic	s.state.tx.us		Version V3.5.1.a18ea2ca
	ins provided by Te.		unc	5.51415.11.115		VEISION VS.S.I.ALOEAZUA

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Metrocrest Democrats			00080175	. , ,
	1 Condition	A Cupported	000001/0	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Magaunaa	A Supported		
	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		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS,	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA		\$	280.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	Ť	280.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION	5. TOTAL POLITICAL C	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY	
BALANCE	OF THE REPORTING	G PERIOD	\$	5,416.23
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		I	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Stever	n A. Zatyko	
		Signature of Car	mpaign Treası	Irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	hefore me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		uuy
	_,, to contribution			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

SU	BT	OTALS - GPAC	С	OVE	FORM GPAC R SHEET PG 3
17 COM Metro		EE NAME t Democrats	18 Filer ID 00080175	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	280.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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 (ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	0.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	64.88
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
				•	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 5/11 Filer ID (Ethics Commission Filers) 2 FILER NAME 3 Metrocrest Democrats 00080175 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/12/2023 Graiffemberg, Diane \$20.00 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/04/2023 \$60.00 Hirsch, Sharon Contributor address; City; State; Zip Code Addison, TX 75001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/22/2023 Lyon, Kay Lynn (Ms.) \$30.00 Contributor address; City; State; Zip Code Farmers Branch, TX 75244 Principal occupation / Job title (See Instructions) Employer (See Instructions) KayLynn's Dance Dance Instructor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/05/2023 \$30.00 Manheim, James Contributor address; City; State; Zip Code Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/12/2023 \$50.00 Maxey, Brenda Contributor address; City; State; Zip Code Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Worker Worker

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 6/11 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Metrocrest Democrats 00080175 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/21/2023 Springer, Gary \$60.00 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75244 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) None Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/06/2023 Trahan, Luke \$5.00 Contributor address; City; State; Zip Code Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cashier **Dunkin Donuts** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/06/2023 \$5.00 Trahan, Luke Contributor address; City; State; Zip Code Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cashier **Dunkin Donuts** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/13/2023 \$10.00 Zamorano, Wanda Contributor address; City; State; Zip Code Irving, TX 75063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/13/2023 \$10.00 Zamorano, Wanda Contributor address; City; State; Zip Code Irving, TX 75063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

PLEDGED CONTRIB	UTIONS			SCHEDULE B
The Instruction Guide e	system :	ete this form.	1 Total pages Schedu Sch: 1/1 Rpt: 7/1	
2 FILER NAME Metrocrest Democrats				s Commission Filers)
⁴ TOTAL OF UNITEMIZED PLE	DGES		\$	0.00
5 Date 6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
7 Pledgor Address;	City; State; Zip Code			
				e of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Ins	structions)	11 Employer (See Instr	ructions)	

LOANS					SCHEDUI	LEE
The Instruction	Guide explains how to compl	ete this f	orm.		ges Schedule E: 1 Rpt: 8/11	
2 FILER NAME Metrocrest Democr	rats			3 Filer ID 000801	(Ethics Commission 175	Filers)
⁴ TOTAL OF UNIT	EMIZED LOANS				\$	0.00
5 Date of loan 7	Name of lender	ut-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6 Is lender a 8 financial institution?	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 Collate	ral		15 Check if personal funds we	re deposited	l into political account (See Instructions)	
16 GUARANTOR 17 INFORMATION	7 Name of guarantor				19 Amount Guarante	ed (\$)
not applicable	8 Guarantor address; City;	State;	Zip Code			
20 Principal occupation			21 Employer (See Instructions)	1	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Date 05/04/2023 Amount (\$) 2.37 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 05/06/2023 Amount (\$) 0.20 Expenditure from corporate funds PURPOSE oF EXPENDITURE	Somerville, MA 02144 (a) Category (See instructions for examples of acceptable Fees Payee name ActBlue Discounts Payee Address; City; State; Z 366 Summer Street	le categories) (b) Description (See instructions regarding type of information required.) Fee for processing contributions
2.37 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 05/06/2023 Amount (\$) 0.20 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date Date Date Date	366 Summer Street Somerville, MA 02144 (a) Category (See instructions for examples of acceptable Fees Payee name ActBlue Discounts Payee Address; City; State; Z 366 Summer Street Somerville, MA 02144 (a) Category (See instructions for examples of acceptable Fees	Ile categories) (b) Description (See instructions regarding type of information required.) Fee for processing contributions
Corporate funds PURPOSE OF EXPENDITURE Date 05/06/2023 Amount (\$) 0.20 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date Date	(a) Category (See instructions for examples of acceptable Fees Payee name ActBlue Discounts Payee Address; City; State; Z 366 Summer Street Somerville, MA 02144 (a) Category (See instructions for examples of acceptable Fees	Fee for processing contributions Zip Ile categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees Payee name ActBlue Discounts Payee Address; City; State; Z 366 Summer Street Somerville, MA 02144 (a) Category (See instructions for examples of acceptable Fees	Fee for processing contributions Zip Ile categories) (b) Description (See instructions regarding type of information required.)
05/06/2023 Amount (\$) 0.20 Expenditure from corporate funds PURPOSE OF EXPENDITURE	ActBlue Discounts Payee Address; City; State; Z 366 Summer Street Somerville, MA 02144 (a) Category (See instructions for examples of acceptable Fees	le categories) (b) Description (See instructions regarding type of information required.
Amount (\$) 0.20 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Payee Address; City; State; Z 366 Summer Street Somerville, MA 02144 (a) Category (See instructions for examples of acceptable Fees	le categories) (b) Description (See instructions regarding type of information required.
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Corporate funds PURPOSE OF EXPENDITURE Date	(a) Category (See instructions for examples of acceptabl Fees	
OF EXPENDITURE	Fees	
	Payee name	
05/13/2023		
	ActBlue Discounts	
Amount (\$) 0.40	Payee Address; City; State; Z 366 Summer Street	Zip
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptabl Fees	le categories) (b) Description (See instructions regarding type of information required. Fee for processing contributions
Date	Payee name	
06/06/2023	ActBlue Discounts	
Amount (\$) 0.20	Payee Address; City; State; Z 366 Summer Street	Zip
Expenditure from corporate funds	Somerville, MA 02144	
	(a) Category (See instructions for examples of acceptable	le categories) (b) Description (See instructions regarding type of information required.
OF	Fees	Fee for processing contributions

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

OF EXPENDITURE Fees Fees Fees for processing contributions Date 06/12/2023 Payee name ActBlue Discounts AdtBlue Discounts Amount (\$) Payee Address; 0.79 City; State; Zip 366 Summer Street (b) Description (See instructions regarding type of information require Fees PurPOSE 0F EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Fee for processing contributions Date 06/13/2023 Payee name ActBlue Discounts (City; State; Zip 366 Summer Street (b) Description (See instructions regarding type of information require Fee for processing contributions Date 06/13/2023 Payee name ActBlue Discounts (D) Description (See instructions regarding type of information require Fee for processing contributions Expenditure from 0.40 Somerville, MA 02144 (D) Description (See instructions regarding type of information require Fee for processing contributions Date 06/21/2023 Payee name ActBlue Discounts (D) Description (See instructions regarding type of information require Fee for processing contributions Date 06/21/2023 Payee Address; 2.37 City; State; Zip 366 Summer Street City; State; Zip 366 Summer Street Expenditure from 0. corporate funds Somerville, MA 02144 <td< th=""><th>Total pages Schedule I: Sch: 2/3 Rpt:</th><th>2 FILER NAME Metrocrest Democrats</th><th>3 Filer ID (Ethics Commission Filers 00080175</th></td<>	Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers 00080175
1.98 366 Summer Street Expenditure from corporate funds Somerville, MA 02144 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information requir Fee for processing contributions Date 06/12/2023 Payee name ActBlue Discounts Fees (b) Description (See instructions regarding type of information requir Fee for processing contributions Corporate funds Payee Address; Corporate funds City; State; Zip 366 Summer Street (b) Description (See instructions regarding type of information requir Fee for processing contributions Date 06/13/2023 ActBlue Discounts (b) Description (See instructions regarding type of information requir Fee for processing contributions Date 06/13/2023 Payee name ActBlue Discounts (b) Description (See instructions regarding type of information requir Fee for processing contributions Date 06/13/2023 Payee name ActBlue Discounts (b) Description (See instructions regarding type of information requir Fees PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requir Fee for processing contributions Date 04/21/2023 Payee name ActBlue Discounts (b) Description (See instructions regarding type of information requir Fee for processing contributions Date 04/21/2023 <td></td> <td></td> <td>· · · · ·</td>			· · · · ·
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		Fees	Fee for processing contributions

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Sch: 3/3 Rpt: Metrocrest Democrats 00080175 Date 5 Payse name 0005/26/2023 Mount (\$) 7 Payse Address; City; State; Zip 6.45 Suite 300 Chesterbrook, PA 19087 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regulating type of information requeres of acceptable categories) Date Payse address; City; State; Zip See instructions regulating type of information requeres of acceptable categories) Date Payse address; City; State; Zip (See instructions regulating type of information requeres of acceptable categories) Date Payse address; City; State; Zip (See instructions regulating type of information requeres of acceptable categories) Date Payse name Suite 5000 Atlanta, GA 30308 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regulating type of information requeres of acceptable categories) Date Payse name Suite 5000 Atlanta, GA 30308 (D) Description (See instructions regulating type of information requeres of acceptable categories) (b) Description (See instructions regulating type of information req Mailing Service<	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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