#### 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) 00070239 3 COMMITTEE NAME **OFFICE USE ONLY** Workers Defense in Action Date Received **ELECTRONICALLY FILED** 07/31/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 140402 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78714 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Louis NAME NICKNAME LAST **SUFFIX** Malfaro STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 140402 STREET **ADDRESS** (Residence or Business) Austin, TX 78714 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 140402 MAILING **ADDRESS** Austin, TX 78714 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 466-3111 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** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/07/2023 χ 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)
Workers Defense in A	Action		00070239	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2	A. Supported		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	10,000.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		10,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IS PERIOD	DAY \$	75,643.50
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr Loui	s Malfaro	
		Signature of Car		er
AFFIX NOTAF	RY STAMP / SEAL ABOVE	· ·	. •	
Sworn to and subscrib	ad hafara ma, by the said	, th	nic tho	day
Of	. 20 . to certify	which, witness my hand and seal of office.		uay
-				
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

#### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

				3 of 13
	17 COMMITTEE NAME18 Filer IDWorkers Defense in Action00070239			
19 SCHEDUI NAME OF	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	5,000.00
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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	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 CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	2,317.26
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/13
2	FILER NAME Workers Def	ense in Action		3	Filer ID (Ethics Commission Filers) 00070239
4	Date 01/30/2023    5   Full name of contributor		7	Amount of Contribution (\$) \$5,000.	
Ω	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	9 Employer (See Instruction	) 	
0	Volunteer / F		Employer (See instruction	15)	

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

#### SCHEDULE C1

	The Instruction Guide explains how to complete this form.		1	1 Total pages Schedule C1: Sch: 1/1 Rpt: 5/13	
2	2 FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Workers Def	en	se in Action		00070239
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
	03/24/2023		United Food and Commercial Workers Union		\$5,000.00
		6	Corporation / Labor Organization address; City; State; Zip Code		
			Washington, DC 20006		

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 1/8 Rpt: 6/13	Workers Defense in Action	00070239	
4 Date	5 Payee name		
01/30/2023	Act Blue Texas		
6 Amount (\$)	7 Payee Address; City; State; Zip		
197.50	PO Box 441146		
Expenditure from corporate funds	Somerville, ME 02144		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking subscription	of service fee	
EXPENDITURE			
Date	Payee name		
06/01/2023	Google Suite		
Amount (\$)	Payee Address; City; State; Zip		
84.43	1600 Amphitheatre Parkway		
Expenditure from			
corporate funds	Mountainview, CA 94043		
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)	
OF	Fees Gmail service	e fee	
EXPENDITURE			
Date	Payee name		
05/01/2023	Google Suite		
Amount (\$)	Payee Address; City; State; Zip		
84.43	1600 Amphitheatre Parkway		
Expenditure from			
corporate funds	Mountainview, CA 94043		
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)	
OF EXPENDITURE	Fees gmail accour	nt service	
EXI ENDITORE			
Date	Payee name		
04/01/2023	Google Suite		
Amount (\$)	Payee Address; City; State; Zip		
84.43	1600 Amphitheatre Parkway		
Expenditure from			
corporate funds	Mountainview, CA 94043		
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)	
OF EXPENDITURE	Fees gmail subscr	iption fee	
EXPENDITURE			

	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
Sch: 2/8 Rpt: 7/13	Workers Defense in Action 00070239	
4 Date	5 Payee name	
03/01/2023	Google Suite	
6 Amount (\$)	7 Payee Address; City; State; Zip	
84.43	1600 Amphitheatre Parkway	
Expenditure from corporate funds	Mountainview, CA 94043	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required)	ired.)
OF EXPENDITURE	Fees email subscription	
_		
Date	Payee name	
02/15/2023	Google Suite	
Amount (\$)	Payee Address; City; State; Zip	
84.43	1600 Amphitheatre Parkway	
Expenditure from	Mountainview, CA 94043	
corporate funds		irod )
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information requirements of acceptable categories)  email subscription	reu.)
EXPENDITURE	email subscription	
Date	Payee name	
01/01/2023	Google Suite	
Amount (\$)	Payee Address; City; State; Zip	
84.43	1600 Amphitheatre Parkway	
Expenditure from		
corporate funds	Mountainview, CA 94043	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required)	ired.)
OF EXPENDITURE	Fees subscription of email services	
Date	Payee name	
06/07/2023	Intuit Quickbooks	
Amount (\$)	Payee Address; City; State; Zip	
90.61	2632 Marine Way	
Expenditure from	Mountainview, CA 94043	
corporate funds  PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required)	ired )
OF	Accounting/Banking  Accounting software subscription	,
EXPENDITURE		
	•	

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 8/13	Workers Defense in Action	00070239
4 Date	5 Payee name	
05/07/2023	Intuit Quickbooks	
6 Amount (\$)	7 Payee Address; City; State; Zip	
90.61	2632 Marine Way	
Expenditure from corporate funds	Mountainview, CA 94043	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	accounting services
EXPENDITORE		
Date	Payee name	
04/07/2023	Intuit Quickbooks	
Amount (\$)	Payee Address; City; State; Zip	
90.61	2632 Marine Way	
Expenditure from corporate funds	Mountainview, CA 94043	
PURPOSE	·	(b) Description (See instructions regarding type of information required.)
OF	Accounting/Banking	payroll services
EXPENDITURE		page 1
Date	Payee name	
03/07/2023	Intuit Quickbooks	
Amount (\$)	Payee Address; City; State; Zip	
90.61	2632 Marine Way	
Expenditure from	Mountainview, CA 94043	
corporate funds	·	(Sociostructions regarding type of information required)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) accounting service fee
EXPENDITURE		accounting service lee
Date	Payee name	
02/15/2023	Intuit Quickbooks	
Amount (\$)	Payee Address; City; State; Zip	
90.61	2632 Marine Way	
Expenditure from		
corporate funds	Mountainview, CA 94043	T
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking	accounting service fee
	<u> </u>	1

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 4/8 Rpt: 9/13	Workers Defense in Action	00070239	
4 Date	5 Payee name		
01/07/2023	Intuit Quickbooks		
6 Amount (\$)	7 Payee Address; City; State; Zip		
90.61	2632 Marine Way		
Expenditure from corporate funds	Mountainview, CA 94043		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking	accounting service fee	
EXPENDITORE			
Date	Payee name		
06/04/2023	MailChimp		
Amount (\$)	Payee Address; City; State; Zip		
85.28	675 Ponce de Leon Ave NE		
Expenditure from	Suite 5000		
corporate funds	Atlanta, GA 30308		
PURPOSE		(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	postage fee	postage - mail service	
EXPENDITORL			
Date	Payee name		
05/04/2023	MailChimp		
Amount (\$)	Payee Address; City; State; Zip		
85.28	675 Ponce de Leon Ave NE		
Expenditure from	Suite 5000		
corporate funds	Atlanta, GA 30308		
PURPOSE		(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Fees	postage - mailing service	
E/M E/IS/1 C.C.			
Date	Payee name		
04/04/2023	MailChimp		
Amount (\$)	Payee Address; City; State; Zip		
85.28	675 Ponce de Leon Ave NE		
Expenditure from	Suite 5000		
corporate funds	Atlanta, GA 30308		
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Fees	postage - mailing service	
EXPENDITURE			

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I:     Sch: 5/8 Rpt:	FILER NAME     Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 03/04/2023	5 Payee name MailChimp	•
6 Amount (\$)  85.28  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308  (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) postage - mailing service fee
Date 03/03/2023	Payee name MailChimp	
Amount (\$)  85.28  Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)  Postage - mailing service fee
Date 01/03/2023	Payee name MailChimp	
Amount (\$)  85.28  Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.) fee for mailing
Date 06/02/2023	Payee name SurePayroll	
Amount (\$) 61.23 Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Payroll service

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I:     Sch: 6/8 Rpt:	FILER NAME     Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 05/02/2023	5 Payee name SurePayroll	•
6 Amount (\$) 61.23 Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025  (a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Payroll service
Date 04/03/2023	Payee name SurePayroll	
Amount (\$) 61.23 Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) payroll service fee
Date 03/02/2023	Payee name SurePayroll	
Amount (\$) 61.23 Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) payroll service fee
Date 02/02/2023	Payee name SurePayroll	
Amount (\$) 61.23 Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) payroll service fee

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/8 Rpt:	Workers Defense in Action	00070239
4 Date	5 Payee name	
01/03/2023	SurePayroll	
6 Amount (\$)	7 Payee Address; City; State; Zip	
61.23	2350 Ravine Way	
Expenditure from	Suite100	
corporate funds	Glenview, IL 60025	Tax-
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) payroll services
EXPENDITURE	, 1000a.nan.g, 2a.nan.g	payron services
Date	Payee name	
01/04/2023	University Federal Credit Union	
Amount (\$)	Payee Address; City; State; Zip	
5.00	PO Box 9350,	
Expenditure from	A	
corporate funds	Austin, TX 78766	Tays and a second second
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(See instructions regarding type of information required.)  bank fee for returned check
EXPENDITURE	, toodariting, Bariking	bank lee for retained check
Date	Payee name	
06/01/2023	Weebly	
Amount (\$)	Payee Address; City; State; Zip	
153.50	1455 Market St	
Expenditure from	San Francisco CA 04102	
corporate funds	San Francisco, CA 94103	(b) December 2 (See instructions regarding type of information required)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(See instructions regarding type of information required.)  domain service fee
EXPENDITURE		demain service rec
Date	Payee name	
02/16/2023	Zoom	
Amount (\$)	Payee Address; City; State; Zip	
15.98	55 Almaden Boulevard, 6th Floor	
Expenditure from		
corporate funds	San Jose, CA 95113	Tes
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) video confrencing	· ·
EXPENDITURE	video connencing	video conferencing cost - meetings
	1	

	CAL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I
	The Instruction Guide explains how to	complete this form.
<ul><li>1 Total pages Schedule I: Sch: 8/8 Rpt:</li><li>4 Date</li></ul>	FILER NAME     Workers Defense in Action     Payee name	3 Filer ID (Ethics Commission Filers) 00070239
01/08/2023  6 Amount (\$)  15.98  Expenditure from corporate funds	Zoom  7 Payee Address; City; State; Zip 55 Almaden Boulevard, 6th Floor  San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) video confrencing	(b) Description (See instructions regarding type of information required.) video conferencing for meetings