#### 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) 00083026 3 COMMITTEE NAME **OFFICE USE ONLY** Workers Defense Action Fund PAC Date Received **ELECTRONICALLY FILED** 08/11/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 143001 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** Ms. Ana Y. NAME NICKNAME LAST **SUFFIX** Gonzalez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6107 E. Riverside Dr. #371 STREET **ADDRESS** (Residence or Business) Austin, TX 78741 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6107 E. Riverside Dr. #371 MAILING **ADDRESS** Austin, TX 78741 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 841-5161 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 11/06/2023 χ General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			<b>13</b> File	er ID	(Ethics Commission Filers)
Workers Defense Action	n Fund PAC		000	083026	
4 COMMITTEE ACTIVITY	1. 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.)				
CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (C DR GUARANTEES OF LOANS, OI ADE ELECTRONICALLY) qualifies for the higher itemization thresl	R	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEE	S OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS E PERIOD	S OF THE LAST DAY	\$	95,570.00
OUTSTANDING LOAN TOTALS	•	MOUNT OF ALL OUTSTANDING REPORTING PERIOD	LOANS AS OF THE	\$	0.00
6 AFFIDAVIT	•				
			der penalty of perjury, t includes all information ion Code.		
			Ms. Ana Y. Gon	172107	
			Signature of Campaigr		<u>er</u>
			2 s s s harra		
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the		day
of	_, 20, to certify \	hich, witness my hand and seal of	f office.		
Signature of officer ad	ministering oath	Printed name of officer administeri	ng oath Titl	e of office	er administering oath

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

	3 of 13
17 COMMITTEE NAME18 FileWorkers Defense Action Fund PAC00	er ID (Ethics Commission Filers) 0083026
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
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 LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION LABOR ORGANIZATION	OR \$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZA	TION \$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGAN	NIZATION \$
9. SCHEDULE E: LOANS	\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 17,421.73
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	\$ 12,943.26

	The Instruction Guide explains how to	complete thi	is form.
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 4/13	Workers Defense Action Fund PAC		00083026
4 Date	5 Payee name		
06/01/2023	Google Suite		
6 Amount (\$)	7 Payee Address; City; State; Zip		
76.75	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.)
OF EXPENDITURE	Email and cloud services	Email	
		ı	
Date	Payee name		
05/01/2023	Google Suite		
Amount (\$)	Payee Address; City; State; Zip		
	1600 Amphitheatre Parkway		
76.75	1 1000 / unprintingation and uniting		
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	Gmail subscription	Email	
LAPENDITORE		ı	
Date	Payee name		
04/01/2023	Google Suite		
Amount (\$)	Payee Address; City; State; Zip		
76.75	1600 Amphitheatre Parkway		
Expenditure from corporate funds	Mountainview, CA 94043		
PURPOSE		(b) Description	(See instructions regarding type of information required.)
OF	Gmail subscription	email	
EXPENDITURE		ı	
Date	Payee name		
03/01/2023	Google Suite		
Amount (\$)	Payee Address; City; State; Zip		
76.75	1600 Amphitheatre Parkway		
Expenditure from	Mayortain ilour CA 04042		
corporate funds	Mountainview, CA 94043	(I-X =	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Gmail subscription	(b) Description email	(See instructions regarding type of information required.)
EXPENDITURE	Chian Sabsonphon	eman	
		ı	

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 2/8 Rpt: 5/13	Workers Defense Action Fund PAC 00083026				
4 Date	5 Payee name				
02/01/2023	Google Suite				
6 Amount (\$)	7 Payee Address; City; State; Zip				
76.75	1600 Amphitheatre Parkway				
Expenditure from corporate funds	Mountainview, CA 94043				
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Gmail subscription email				
Date	Payee name				
01/01/2023	Google Suite				
Amount (\$)	Payee Address; City; State; Zip				
` ,	1600 Amphitheatre Parkway				
76.75					
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	gmail subscription email				
Date	Payee name				
06/24/2023	Intuit Quickbooks				
Amount (\$)	Payee Address; City; State; Zip				
58.63	2632 Marine Way				
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	Accounting/Banking accounting subscription				
EXPENDITURE					
Date	Payee name				
05/04/2023	Intuit Quickbooks				
Amount (\$)	Payee Address; City; State; Zip				
58.63	2632 Marine Way				
Expenditure from					
corporate funds	Mountainview, CA 94043				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Accounting/Banking Accounting software subscription				
	<u>l</u>				

	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: 6/13	Workers Defense Action Fund PAC	00083026		
4 Date	5 Payee name			
04/24/2023	Intuit Quickbooks			
6 Amount (\$)	7 Payee Address; City; State; Zip			
58.63	2632 Marine Way			
Expenditure from corporate funds	Mountainview, CA 94043			
8 PURPOSE		(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Accounting/Banking	Accounting software subscription		
Date	Payee name	L		
03/24/2023	Intuit Quickbooks			
Amount (\$)	Payee Address; City; State; Zip			
58.63	2632 Marine Way			
Expenditure from				
corporate funds	Mountainview, CA 94043			
PURPOSE OF		(b) Description (See instructions regarding type of information required.)		
EXPENDITURE	Accounting/Banking	accounting software		
Date	Payee name			
02/24/2023	Intuit Quickbooks			
Amount (\$)	Payee Address; City; State; Zip			
58.63	2632 Marine Way			
Expenditure from	Mauritainuianu CA 04042			
corporate funds	Mountainview, CA 94043	<del>,</del>		
PURPOSE OF		(b) Description (See instructions regarding type of information required.)		
EXPENDITURE	Accounting/Banking	accounting software subscription		
Date	Payee name			
01/27/2023	Intuit Quickbooks			
Amount (\$)	Payee Address; City; State; Zip			
10.64	2632 Marine Way			
Expenditure from				
corporate funds	Mountainview, CA 94043			
PURPOSE OF		(b) Description (See instructions regarding type of information required.)		
EXPENDITURE	Accounting/Banking	1099 filing fee		

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: Sch: 4/8 Rpt: 7/13	2 FILER NAME Workers Defense Action Fund PAC	3 Filer ID (Ethics Commission Filers) 00083026			
4 Date 01/24/2023	5 Payee name Intuit Quickbooks				
6 Amount (\$)	7 Payee Address; City; State; Zip				
58.63	2632 Marine Way				
Expenditure from corporate funds	Mountainview, CA 94043				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) accounting software			
Date	Payee name				
01/31/2023	Lebin Yates Consulting				
Amount (\$)	Payee Address; City; State; Zip				
120.79	PO Box 41112				
Expenditure from corporate funds	Austin, TX 78704				
PURPOSE		(b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Legal Services	compliance reporting for 2022			
Date	Payee name				
06/05/2023	SurePayroll				
Amount (\$)	Payee Address; City; State; Zip				
21.31	2350 Ravine Way				
Expenditure from corporate funds	Suite100 Glenview, IL 60025				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
OF	Accounting/Banking	Payroll service			
EXPENDITURE					
Date	Payee name				
05/03/2023	SurePayroll City State 7in				
Amount (\$)	Payee Address; City; State; Zip 2350 Ravine Way				
21.31	Suite100				
Expenditure from corporate funds	Glenview, IL 60025				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· ·			
OF EXPENDITURE	Accounting/Banking	payroll service			
	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: 5/8 Rpt: 8/13	Workers Defense Action Fund PAC	00083026			
4 Date	5 Payee name				
04/04/2023	SurePayroll				
6 Amount (\$)	7 Payee Address; City; State; Zip				
21.31	2350 Ravine Way				
Expenditure from	Suite100				
corporate funds	Glenview, IL 60025	La >			
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Payroll subscription			
EXPENDITURE	, 1000 a. 1 a. 1 g. 2 a. 1 a. 1 g	T dyfoli Subscription			
Date	Payee name				
03/03/2023	SurePayroll				
Amount (\$)	Payee Address; City; State; Zip				
21.31	2350 Ravine Way				
Expenditure from	Suite100				
corporate funds	Glenview, IL 60025	(Continue of the continue of t			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Payroll service			
EXPENDITURE	/ Accounting/ Banking	r ayluli service			
Date	Payee name				
02/03/2023	SurePayroll				
Amount (\$)	Payee Address; City; State; Zip				
21.31	2350 Ravine Way				
Expenditure from	Suite100				
corporate funds	Glenview, IL 60025	(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.) payroll service			
EXPENDITURE		payron service			
Date	Payee name				
01/03/2023	SurePayroll				
Amount (\$)	Payee Address; City; State; Zip				
21.31	2350 Ravine Way				
Expenditure from	Suite100				
corporate funds	Glenview, IL 60025	[43-			
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	, tooourung, zamang	payron services			

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/8 Rpt: 9/13	Workers Defense Action Fund PAC 00083026				
4 Date	5 Payee name				
03/15/2023	USPS				
6 Amount (\$)	7 Payee Address; City; State; Zip				
83.00	8225 Cross Park Dr				
Expenditure from corporate funds	Austin, TX 78710				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	PO BOX Renewal renewal of PO BOX for mail				
Date	Payee name				
06/30/2023	University Federal Credit Union				
Amount (\$)	Payee Address; City; State; Zip				
20.00	PO Box 9350				
Expenditure from					
corporate funds	Austin, TX 78766				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Fees Business service fee				
Date	Payee name				
05/31/2023 Amount (\$)	University Federal Credit Union  Payee Address; City; State; Zip				
	PO Box 9350				
20.00	PO BOX 9350				
Expenditure from corporate funds	Austin, TX 78766				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Fees bank fee				
EXPENDITORE					
Date	Payee name				
04/30/2023	University Federal Credit Union				
Amount (\$)	Payee Address; City; State; Zip				
20.00	PO Box 9350				
Expenditure from					
corporate funds	Austin, TX 78766				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Fees Bank 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 Action Fund PAC 00083026				
4 Date	5 Payee name				
02/28/2023	University Federal Credit Union				
6 Amount (\$)	7 Payee Address; City; State; Zip				
20.00	PO Box 9350				
Expenditure from corporate funds	Austin, TX 78766				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Fees bank fee				
Date	Payee name				
01/31/2023	University Federal Credit Union				
Amount (\$)	Payee Address; City; State; Zip				
20.00	PO Box 9350				
Expenditure from					
corporate funds	Austin, TX 78766				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Fees bank fees				
LAPENDITORE					
Date	Payee name				
06/01/2023	Weebly				
Amount (\$)	Payee Address; City; State; Zip				
153.50	1455 Market St.				
Expenditure from					
corporate funds	San Francisco, CA 94103				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	website domain domain license				
EXI ENDITORE					
Date	Payee name				
04/27/2023	Workers Defense Action Fund				
Amount (\$)	Payee Address; City; State; Zip				
15,883.68	5604 Manor Road				
Expenditure from					
corporate funds	Austin, TX 78723				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	reimbursement for salaries salary reimbursement for quarter 4				
EXPENDITORE					

#### SCHEDULE |

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 8/8 Rpt:	Workers Defense Action Fund PAC	00083026		
4 Date	5 Payee name			
04/08/2023	Zoom			
6 Amount (\$)	7 Payee Address; City; State; Zip			
34.10	55 Almaden Boulevard, 6th Floor			
Expenditure from corporate funds	San Jose, CA 95113			
8 PURPOSE		(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	video confrencing	conference subscription		
Date	Payee name			
03/08/2023	Zoom			
Amount (\$)	Payee Address; City; State; Zip			
31.96	55 Almaden Boulevard, 6th Floor			
Expenditure from				
corporate funds	San Jose, CA 95113			
PURPOSE OF		(See instructions regarding type of information required.)		
EXPENDITURE	Video Conferencing subscription	video conferencing		
Date	Payee name			
02/08/2023	Zoom			
Amount (\$)	Payee Address; City; State; Zip			
31.96	55 Almaden Boulevard, 6th Floor			
Expenditure from	Con loss CA 05112			
corporate funds	San Jose, CA 95113			
PURPOSE OF		(See instructions regarding type of information required.)		
EXPENDITURE	Video Conferencing subscription	video conferencing		
Date	Payee name			
01/08/2023	Zoom			
Amount (\$)	Payee Address; City; State; Zip			
31.96	55 Almaden Boulevard, 6th Floor			
Expenditure from				
corporate funds	San Jose, CA 95113			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	·		
EXPENDITURE	videoconferencing system	conferencing subscription		
		I		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/2 Rpt: 12/13	
2	2 FILER NAME 3 F			Filer	D (Ethics Commission Fi	ilers)
	Workers Defense Action Fund PAC 000830			3026		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
-	01/30/2023	Texas Mutual Insurance				917.00
	01/00/2020					011.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78723				
				!	stribustion returned to file.	
		Workers Comp Policy refund for premium adjustment	politi	cai coi	ntribution returned to filer	
		Workers Comp Policy returns for premiain adjustment				
	Date	Name of person from whom amount is received			Amount (\$)	
	06/30/2023	University Federal Credit Union				\$3.99
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78766				
		Purpose for which amount is received	politi	cal co	ntribution returned to filer	
		Earned Interest				
H	Date	Name of paragraph from whom amount is received			Amount (¢)	
	05/31/2023	Name of person from whom amount is received University Federal Credit Union			Amount (\$)	\$4.14
	03/31/2020					Ф4.14
		Address of person from whom amount is received; City; State; Zip Code				
		Austin TV 70766				
		Austin, TX 78766			1	
		<u> </u>	politi	cal coi	ntribution returned to filer	
		Earned Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2023	University Federal Credit Union				\$4.58
		Address of person from whom amount is received; City; State; Zip Code	•••••			
		Austin, TX 78766				
		Purpose for which amount is received Check if	politi	cal co	ntribution returned to filer	
		Earned Interest				
_	Data	Name of parcen from whom amount is received			Amount (\$)	
	Date 03/31/2023	Name of person from whom amount is received			Amount (\$)	\$4.83
	03/31/2023	University Federal Credit Union				Φ4.03
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78766				
		Purpose for which amount is received	politi	cal co	ntribution returned to filer	
		Earned Interest				

#### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 13/13 2 FILER NAME Filer ID (Ethics Commission Filers) Workers Defense Action Fund PAC 00083026 8 Amount (\$) Date 5 Name of person from whom amount is received 02/28/2023 University Federal Credit Union \$4.38 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 Purpose for which amount is received ☐ Check if political contribution returned to filer **Earned Interest** Amount (\$) Name of person from whom amount is received Date 01/31/2023 University Federal Credit Union \$4.34 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 Purpose for which amount is received Check if political contribution returned to filer **Earned Interest**