

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070138	2 Total pages filed: 16
3 COMMITTEE NAME Women In November		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/05/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15918 Cavendish Houston, TX 77059	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Sherrie L. NICKNAME LAST SUFFIX Matula	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15918 Cavendish Houston, TX 77059	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15918 Cavendish Houston, TX 77059	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (713) 502-7320	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Women In November	13 Filer ID (Ethics Commission Filers) 00070138
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	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 TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,505.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,840.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 83,033.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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.

Mrs. Sherrie L. Matula

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 16

17 COMMITTEE NAME Women In November		18 Filer ID (Ethics Commission Filers) 00070138
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,505.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,840.70
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 07/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Jaimeson <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94107	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Game Show Network
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Jaimeson <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Game Show Network
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Jaimeson <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Game Show Network
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Jaimeson <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Game Show Network
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Jaimeson <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Game Show Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Jaimeson	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code San Francisco, CA 94107		
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Game Show Network
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guttman, Stephanie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Rabbit
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guttman, Stephanie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Rabbit
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guttman, Stephanie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Rabbit
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Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Rabbit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guttman, Stephanie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78735		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Rabbit
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Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Rabbit
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guttman, Stephanie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Rabbit
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harari, Sara	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code New Haven, CT 06511		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harari, Sara	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code New Haven, CT 06511		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harari, Sara <hr/> 6 Contributor address; City; State; Zip Code New Haven, CT 06511	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harari, Sara <hr/> Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harari, Sara <hr/> Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harari, Sara <hr/> Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasten, Nancy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5560	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 08/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasten, Nancy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5560	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Heather <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lone Star Legal Aid
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Heather <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lone Star Legal Aid
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Heather <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lone Star Legal Aid
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Heather <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lone Star Legal Aid

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SCHEDULE A1

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6 Contributor address; City; State; Zip Code The Woodlands, TX 77382		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Lone Star Legal Aid
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keegan, Heather	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lone Star Legal Aid
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77044		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77044		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77044		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 08/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 11/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggs, Carolyn P. Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew Contributor address; City; State; Zip Code Las Cruces, NM 88011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) General Dynamics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 08/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Las Cruces, NM 88011	
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) General Dynamics
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Las Cruces, NM 88011	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) General Dynamics
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Las Cruces, NM 88011	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) General Dynamics
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Las Cruces, NM 88011	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) General Dynamics
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Las Cruces, NM 88011	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) General Dynamics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenk, eric	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78751		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensland, Jamy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code North Bend, WA 98045		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) DSHS
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensland, Jamy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code North Bend, WA 98045		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) DSHS
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensland, Jamy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code North Bend, WA 98045		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) DSHS
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensland, Jamy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code North Bend, WA 98045		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) DSHS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/16
2 FILER NAME Women In November		3 Filer ID (Ethics Commission Filers) 00070138
4 Date 11/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensland, Jamy <hr/> 6 Contributor address; City; State; Zip Code North Bend, WA 98045	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) DSHS
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensland, Jamy <hr/> Contributor address; City; State; Zip Code North Bend, WA 98045	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) DSHS
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toprac, Paul <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731-4738	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Topcat Productions
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael <hr/> Contributor address; City; State; Zip Code Provincetwon, MA 02657	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 15/16	2 FILER NAME Women In November	3 Filer ID (Ethics Commission Filers) 00070138
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4 Date 12/31/2023	5 Payee name Act Blue
-----------------------------	---------------------------------

6 Amount (\$) \$56.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02114
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/31/2023	Payee name Chase Bank
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Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2900 Wesleyan Ste 100 Houston, TX 77027
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service charge
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2023	Payee name HEB
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Amount (\$) \$169.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1701 West Alabma St Houston, TX 77098
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event refreshments
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 16/16	2 FILER NAME Women In November	3 Filer ID (Ethics Commission Filers) 00070138
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4 Date 10/05/2023	5 Payee name Mothers Against Gregg Abbott PAC
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 27885 austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2023	Payee name NationBuilder
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 811428 Los Angeles, CA 90081
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2023	Payee name Pronin, Art
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5250 Willowbed Houston, TX 77096
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fund raising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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