GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	2 Total pages filed: 9		
3	COMMITTEE NAME		00083981	OFFICE USE ONLY
	DLCC Texas			Date Received
				ELECTRONICALLY FILED
				01/16/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	
	ADDRESS	1225 Eye St. NW Ste. 1250		Date Hand-delivered or Date Postmarked
	Change of Address			
		Washington , DC 20005		Receipt # Amount
				Date Processed
				Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST		MI
	TREASURER NAME	Heather		
		·····		
		NICKNAME LAST Kashner		SUFFIX
		Kasinei		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER STREET	1225 I.St. NW., Ste. 1250		- ,
	ADDRESS			
	(Residence or Business)	Washington, DC 20005		
7		STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	TREASURER MAILING	1225 I.St. NW., Ste. 1250		
	ADDRESS			
	Change of Address	Washington, DC 20005		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(202) 449-6740		
9	REPORT			
ľ	TYPE	X January 15 30	Oth day before election X	Dissolution (Attach PAC-DR)
			h day before election	10th day after campaign treasurer termination
		July 15	unoff	
10	PERIOD	Month Day Year	Month Day	Year
	COVERED	07/01/2023 TI	HROUGH 01/16/2024	4
11	ELECTION	ELECTION DATE Month Day Year	Primary Runoff	Other
			General Special	
\vdash				
		GO ⁻	TO PAGE 2	
Fo	rms provided by Tex	kas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
DLCC Texas			00083981	
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. 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 M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	0.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,102.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	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.				
		Heather	Kashner	
		Signature of Car	npaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

SUBTOTALS - GPAC	FORM GPAC OVER SHEET PG 3 3 of 9	
17 COMMITTEE NAME DLCC Texas	18 Filer ID 00083981	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF 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	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR- LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 4,102.83
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	IONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICALSCHEDULE F1CONTRIBUTIONSSCHEDULE F1				
	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense	spense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)		
1 Total pages Schedule F1: Sch: 1/5 Rpt: 4/9	2 FILER NAME DLCC Texas	3 Filer ID (Ethics Commission Filers) 00083981		
4 Date 12/29/2023	5 Payee name Amalgamated Bank			
6 Amount (\$) \$10.00 Expenditure from corporate funds	Lbby 2			
8 PURPOSE OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held		
Date	Payee name			
11/29/2023	Amalgamated Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$10.00	275 7th Ave			
\$10.00	Lbby 2			
Expenditure from corporate funds	New York, NY 10001-8400			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript			
EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense - CE		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	Office held		
Date	Payee name			
10/27/2023	Amalgamated Bank			
Amount (\$) \$10.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 275 7th Ave Lbby 2 New York, NY 10001-8400			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion		
OF EXPENDITURE	Fees Check	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	Office held		

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Expe	nent/Reimbursement Solicitation/Fundraising Expense ead/Rental Expense Transportation Equipment & Related Expense nse Travel in District ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1: Sch: 2/5 Rpt: 5/9	2 FILER NAME DLCC Texas	3 Filer ID (Ethics Commission Filers) 00083981		
4 Date 09/27/2023	5 Payee name Amalgamated Bank			
6 Amount (\$) \$10.00 Expenditure from corporate funds	\$10.00 275 7th Ave Lbby 2			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b Fees	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	t Office held		
Date 08/25/2023	Payee name Amalgamated Bank			
Amount (\$) \$10.00	Payee address; City; State; Zip Code 275 7th Ave Lbby 2 New York, NY 10001-8400	2		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees (c)	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	office held		
Date 07/26/2023	Payee name Amalgamated Bank			
Amount (\$) \$10.00	Payee address; City; State; Zip Code 275 7th Ave Lbby 2 New York, NY 10001-8400			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Fees 	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee 		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t 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/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: Sch: 3/5 Rpt: 6/9	2 FILER NAME 3 Filer ID (Ethics Commission Filers) DLCC Texas 00083981			
4 Date	5 Payee name			
12/29/2023	Democratic Legislative Campaign Committee			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$3,798.08	1225 I St NW			
Expenditure from corporate funds	Ste 1250 Washington, DC 20005-5919			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/04/2023	First Data Merchant Services			
Amount (\$)	Payee address; City; State; Zip Code			
\$25.00	5565 Glenridge Connector NE			
	# 2000			
Expenditure from corporate funds	Atlanta, GA 30342-1651			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
11/02/2023	First Data Merchant Services			
Amount (\$)	Payee address; City; State; Zip Code			
\$25.00	5565 Glenridge Connector NE			
	# 2000			
Expenditure from corporate funds	Atlanta, GA 30342-1651			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee 			
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/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/5 Rpt: 7/9	DLCC Texas 00083981			
4 Date	5 Payee name			
07/03/2023	First Data Merchant Services			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$25.00	5565 Glenridge Connector NE			
Expenditure from	# 2000			
corporate funds	Atlanta, GA 30342-1651			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Credit Card Processing Fee			
	Ŭ			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/02/2023	First Data Merchant Services			
Amount (\$)	Payee address; City; State; Zip Code			
\$25.00	5565 Glenridge Connector NE			
	# 2000			
Expenditure from corporate funds	Atlanta, GA 30342-1651			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/05/2023	First Data Merchant Services			
Amount (\$)	Payee address; City; State; Zip Code			
\$25.00	5565 Glenridge Connector NE			
Expenditure from	# 2000			
corporate funds	Atlanta, GA 30342-1651			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee 			
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			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Iverhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
 Total pages Schedule F1: Sch: 5/5 Rpt: 8/9 Date 	2 FILER NAME DLCC Texas5 Payee name	3	Filer ID (Ethics Commission Filers) 00083981
10/02/2023 6 Amount (\$) \$119.75 Expenditure from corporate funds	First Data Merchant Services 7 Payee address; City; State; Zip C 5565 Glenridge Connector NE # 2000 Atlanta, GA 30342-1651	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense Cessing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	pught	Office held

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION	FORM PAC-DR 9 of 9
The Instruction Guide explains how to complete this form. **Complete only if "Report Type" on page 1 is marked "Dissolution" **	
1 COMMITTEE NAME DLCC Texas	2 Filer ID (Ethics Commission Filers) 00083981
3 Affidavit of Dissolution	
I, the undersigned campaign treasurer, do not expect the occurrence of any furt committee for this or any other campaign or election for which reporting under t declare that all of the information required to be reported by me has been repor report as a dissolution report terminates the appointment of campaign treasurer committee may not make or authorize political expenditures or accept political of appointment of campaign treasurer on file.	he Election Code is required. I ted. I understand that designating a r. I further understand that a political
Ha	ather Kashner
	of Campaign Treasurer
DO NOT SIGN UNLESS POLIT	ICAL COMMITTEE IS TO BE DISSOLVED
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, th 20, to certify which, witness my hand and seal of office.	nis the day of ,
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath