

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) 00061721	2 Total pages filed: 6
3 COMMITTEE NAME Texas Democratic Women of the South Plains PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6372 Lubbock, TX 79493	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Angela R.	MI	
	NICKNAME LAST Martinez	SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 3403 28th St. Lubbock, TX 79410	APT / SUITE #; CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; PO Box 6372 Lubbock, TX 79493	APT / SUITE #; CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 239-6741		
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 THROUGH Month Day Year 07/01/2023 12/31/2023		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Democratic Women of the South Plains PAC	13 Filer ID (Ethics Commission Filers) 00061721
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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	\$	810.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	810.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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.

Angela R. Martinez

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**
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17 COMMITTEE NAME Texas Democratic Women of the South Plains PAC		18 Filer ID (Ethics Commission Filers) 00061721
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 810.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 774.99
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 4/6	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 09/30/2023	5 Payee name ActBlue	
6 Amount (\$) 31.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O.Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	(b) Description (See instructions regarding type of information required.) Online fundraising site
Date 09/22/2023	Payee name Barrick, Susan	
Amount (\$) 287.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2518 57th Street Lubbock, TX 79413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) T-shirt reimbursement.
Date 07/20/2023	Payee name Gomez, Gracie	
Amount (\$) 32.27 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7902 N FM 2528 Lubbock, TX 79415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) July 4th parade reimbursement.
Date 09/23/2023	Payee name Gomez, Gracie	
Amount (\$) 45.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7902 N FM 2528 Lubbock, TX 79415	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Sept 16th Fiestas parade reimbursement.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt: 5/6	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 09/23/2023	5 Payee name Ortiz, Cheryl	
6 Amount (\$) 13.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4421 103rd Lubbock, TX 79424	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Sept 16th Fiestas parade reimbursement.
Date 11/21/2023	Payee name Ortiz, Cheryl	
Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4421 103rd Lubbock, TX 79424	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) December Membership Drive
Date 11/21/2023	Payee name Ortiz, Cheryl	
Amount (\$) 19.14 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4421 103rd Lubbock, TX 79424	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	(b) Description (See instructions regarding type of information required.) December Membership Drive postage reimbursement.
Date 07/13/2023	Payee name Texas Democratic Women	
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1201 Newport Blvd. League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Portion of member dues to state organization.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt: 6/6	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 08/09/2023	5 Payee name Texas Democratic Women	
6 Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1201 Newport Blvd. League City, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Portion of member dues to state organization.
Date 09/22/2023	Payee name Texas Democratic Women	
Amount (\$) 35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1201 Newport Blvd. League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Portion of member dues to state organization.
Date 11/16/2023	Payee name United State Postal Service	
Amount (\$) 66.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5014 Gary Ave. Lubbock, TX 79413	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	(b) Description (See instructions regarding type of information required.) Stamps for membership drive