

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)

00053233

2 Total pages filed:

10

3 COMMITTEE NAME

EAST TEXAS DEMOCRATIC CAUCUS

OFFICE USE ONLY

Date Received

RECEIVED

1/9/24

Texas Ethics Commission

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2872 FM 326 LUFKIN TX 75901

Change of Address

Date Hand-delivered or Date Postmarked

postmarked 1/5/24

Receipt #

Amount \$

Date Processed

1/18/24

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS. / MR. FIRST MI

SHARON A.

NICKNAME LAST SUFFIX

WARK

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2872 FM 326 LUFKIN TX 75901

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2872 FM 326 LUFKIN TX 75901

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(936) 676-3896

9 REPORT TYPE

January 15

30th day before election

Dissolution Report (Attach PAC-DR)

July 15

8th day before election

10th day after campaign treasurer termination

Runoff

10 PERIOD COVERED

Month Day Year

07 / 01 / 2023

THROUGH

Month Day Year

12 / 31 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description _____

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME
EAST TEXAS DEMOCRATIC CAUCUS

13 Filer ID (Ethics Commission Filers)
00053833

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	\$ <i>410.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5975.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4224.33</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>4480.48</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

16 SIGNATURE 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.

Sharon A. Wark
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

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 _____

OR

(2) Unsworn Declaration

My name is *SHARON A. WARK*, and my date of birth is _____.

My address is *2872 FM 326* (street), *LUFKIN* (city), *TX* (state), *75901* (zip code), *USA* (country).

Executed in *ANGELINA* County, State of *TEXAS*, on the *4th* day of *JANUARY*, 20*24*.

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - GPAC

**FORM GPAC
COVER SHEET PG 3**

17 COMMITTEE NAME <i>EAST TEXAS DEMOCRATIC CAUCUS</i>		18 Filer ID (Ethics Commission Filers) <i>00053883</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>5565.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0</i>
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>0</i>
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>0</i>
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>0</i>
9. <input type="checkbox"/> SCHEDULE E: LOANS		\$ <i>0</i>
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>4224.33</i>
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>0</i>
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>0</i>
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1 of 3</i>
2 FILER NAME <i>EAST TEXAS DEMOCRATIC CAUCUS</i>		3 Filer ID (Ethics Commission Filers) <i>00053833</i>
4 Date <i>7/10/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ACT BLUE TEXAS</i>	7 Amount of contribution (\$) <i>\$425.00</i>
	6 Contributor address; City; State; Zip Code <i>SOMERVILLE MA 02144</i>	
8 Principal occupation / Job title (See Instructions) <i>TEXAS PAC</i>		9 Employer (See Instructions)
Date <i>7/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ACT BLUE TEXAS</i>	Amount of contribution (\$) <i>\$120.00</i>
	Contributor address; City; State; Zip Code <i>SOMERVILLE MA 02144</i>	
Principal occupation / Job title (See Instructions) <i>TEXAS PAC</i>		Employer (See Instructions)
Date <i>7/17/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BILL BRANNON</i>	Amount of contribution (\$) <i>\$500.00</i>
	Contributor address; City; State; Zip Code <i>COMO TX 75431</i>	
Principal occupation / Job title (See Instructions) <i>SELF-EMPLOYED</i>		Employer (See Instructions) <i>SELF</i>
Date <i>7/18/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ACT BLUE TEXAS</i>	Amount of contribution (\$) <i>\$850.00</i>
	Contributor address; City; State; Zip Code <i>SOMERVILLE MA 02144</i>	
Principal occupation / Job title (See Instructions) <i>TEXAS PAC</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME

EAST TEXAS DEMOCRATIC CAUCUS

3 Filer ID (Ethics Commission Filers)

00053833

4 Date

7/21/2023

5 Full name of contributor

HANK GILBERT

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2500.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED] WHITEHOUSE TX 75791

8 Principal occupation / Job title (See Instructions)

SELF EMPLOYED

9 Employer (See Instructions)

SELF

Date

7/24/2023

Full name of contributor

D. KAREN WILKERSON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

[REDACTED] TYLER TX 75711

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

7/24/2023

Full name of contributor

ACT BLUE TEXAS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$590.00

Contributor address;

City;

State;

Zip Code

[REDACTED] SOMERVILLE, MA 02144

Principal occupation / Job title (See Instructions)

TEXAS PAC

Employer (See Instructions)

Date

8/1/2023

Full name of contributor

ACT BLUE TEXAS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

[REDACTED] SOMERVILLE MA 02144

Principal occupation / Job title (See Instructions)

TEXAS PAC

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 8/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACTBLUE TEXAS	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code [REDACTED] SOMERVILLE MA 02144		
8 Principal occupation / Job title (See Instructions) TEXAS PAC		9 Employer (See Instructions)
Date 9/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACTBLUE TEXAS	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code [REDACTED] SOMERVILLE MA 02144		
Principal occupation / Job title (See Instructions) TEXAS PAC		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 1 OF 4	2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS	3 Filer ID (Ethics Commission Filers) 00053833
4 Date 7/10/2023	5 Payee name ACT BLUE TEXAS	
6 Amount (\$) 16.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 441146 SOMERVILLE MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/10/2023	Payee name ACT BLUE TEXAS	
Amount (\$) 4.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 441146 SOMERVILLE MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/3/2023	Payee name US POSTAL SERVICE	
Amount (\$) 9.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code LUFKIN TX 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description MAIL EXPENSE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS	3 Filer ID (Ethics Commission Filers) 00053833
4 Date 7/18/2023	5 Payee name ACT BLUE TEXAS	
6 Amount (\$) 33.59 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 441146 SOMERVILLE MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/24/2023	Payee name ACT BLUE TEXAS	
Amount (\$) 23.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 441146 SOMERVILLE MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/24/2023	Payee name SHIRLEY LAYTON	
Amount (\$) 2633.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3206 PEBBLEBROOK CIR, TYLER TX 75701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS	3 Filer ID (Ethics Commission Filers) 00053833
4 Date: 7/24/2023	5 Payee name HUNTER EVANS	
6 Amount (\$) 1500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 806 W 5th St. CLARKSVILLE TX 75426	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/1/2023	Payee name ACT BLUE TEXAS	
Amount (\$) .99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146 SOMERVILLE MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/11/2023	Payee name ACT BLUE TEXAS	
Amount (\$) .99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 441146 SOMERVILLE MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 OF 4	2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS	3 Filer ID (Ethics Commission Filers) 00053833
4 Date 9/11/2023	5 Payee name ACT BLUE TEXAS	
6 Amount (\$) 1.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 441146 SOMERVILLE MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
<input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
<input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
<input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a campaign treasurer of a political committee that has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>EAST TEXAS DEMOCRATIC CAUCUS</u>	Filer ID # <u>00053833</u>
---	-------------------------------

OFFICE USE ONLY	
Date Received RECEIVED 1/9/24 Texas Ethics Commission	
Date Hand-delivered or Date Postmarked postmarked 1/5/24	
Receipt #	Amount \$
Date Processed 1/18/24	
Date Imaged	

- I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I am filing this affidavit with the SEMI-ANNUAL report due on 1/16/2024. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Sharon A. Wark
Signature of Campaign Treasurer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is SHARON A. WARK, and my date of birth is [REDACTED].
My address is 2872 FM 326 (street), LUFKIN (city), TX (state), 75901 (zip code), USA (country).
Executed in ANGELINA County, State of TEXAS, on the 4th day of JANUARY, 20 24.
(month) (year)

Sharon A. Wark
Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

7020 0640 0000 5860 2926

U.S. POSTAGE PAID
FCM LG ENV
LUFKIN, TX 75904
JAN 05, 2024
09.70
R2304E105414-04

RECEIVED
JAN 09 2024
Texas Ethics Commission

Retail
UNITED STATES
POSTAL SERVICE
RDC 99



TEXAS ETHICS COMMISSION
P.O. BOX 12070
AUSTIN, TX 78711-2070

