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) 00025689 3 COMMITTEE NAME **OFFICE USE ONLY** South Austin Democrats PAC Date Received **ELECTRONICALLY FILED** 02/01/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 152592 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78715 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Elizabeth A. NAME NICKNAME LAST **SUFFIX** Yevich STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5100 Greenheart Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78745-2284 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5100 Greenheart Drive MAILING **ADDRESS** Austin, TX 78745 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 762-1282 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
South Austin Democrats PAC 000			00025689	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sherine Thomas District Judg	е	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	140.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	140.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	29.00
CONTRIBUTION BALANCE	l l	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		17,842.59
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
16 AFFIDAVIT	<u> </u>		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Elizab	eth A. Yevich	
			mpaign Treasure	er
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, t	his 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 office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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COMMITTEE NAME South Austin Democrats	DAC.			13 Filer ID	(Ethics Commission Filers)
South Austin Democrats	DAC				
				00025689	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Karin Crump Court Of Appeals,	Justice	
(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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Melissa Lorber Court Of Appea	ls, Justice	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jose Garza District Attorney		
(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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Activity 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted 3. Officeholders Assisted A. Supported COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed Complete this eport if necessary.) B. Opposed B. Opposed Complete this eport if necessary.) B. Opposed B. Opposed B. Opposed Complete this eport if necessary.) B. Opposed Complete this eport if necessary.	Daper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain hoper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain leading to the proposed of the pro	paper to complete this eport if necessary.) 2. Measures (Describe by date and focation of election and nature of 6900.) 3. Officeholders Assisted (Defently by name or, if applicable, classify by pany). 2. Measures (Defently by name or, if applicable, classify by pany). Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted 2. Measures (Describe by date and focation of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders (Defently by name or, if applicable, classify by pany). 3. Officeholders (Defently by name or, if applicable, classify by pany). 3. Officeholders (Defently by name or, if applicable, classify by pany). 3. Officeholders (Defently by name or, if applicable, classify by pany). 4. Supported Jose Garza District Attorney (Defently by name or, if applicable, classify by pany). 5. Defently by name or, if applicable, classify by pany). 6. Opposed 3. Officeholders (Describe by date and focation of election and nature of issue.) 6. Opposed 3. Officeholders (Describe by date and focation of election and nature of issue.) 8. Opposed 3. Officeholders (Describe by date and focation of election and nature of issue.) 8. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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	MMITTE	(Ethics Commission Filers)		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 140.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
9.). SCHEDULE E: LOANS		\$	
10.	0. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 29.00	
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	2. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
i				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I 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: 1/1 Rpt: 5/5	South Austin Democrats PAC 00025689
4 Date	5 Payee name
01/17/2024	Election Buddy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.00	8008 104 St NW Suite 217
Expenditure from corporate funds	Edmonton Alberta T6E4E2 Canada
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Endorsement meeting software
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held