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) 00040978 3 COMMITTEE NAME **OFFICE USE ONLY** Capital Area Progressive Democrats Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 413 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Allison G. NAME NICKNAME LAST **SUFFIX** Heinrich STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2301 Ohlen Rd. #107 STREET **ADDRESS** (Residence or Business) Austin, TX 78757 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2301 Ohlen Rd. #107 MAILING **ADDRESS** Austin, TX 78757 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 297-1650 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **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 02/24/2024 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

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Capital Area Progres	sive Democrats			00040978	3
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The	e Honorable Lloyd Doggett	United State	es Representative, District
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	, a cappoint			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS Macheck here if this report	OR GUARANTEES (IADE ELECTRONIC <i>I</i>	ALLY)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		NS GUARANTEES OF LOANS)	\$	104.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPEN	NDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURE	S	\$	1,448.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		AINTAINED AS OF THE LAST	DAY \$	10,179.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A		UTSTANDING LOANS AS OF D	THE \$	0.00
6 AFFIDAVIT				<u> </u>	
		true ar	ar, or affirm, under penalty of pend nd correct and includes all infor Title 15, Election Code.		
			Alli		
			Allison G Signature of Ca	6. Heinrich	urer
AFFIX NOTAL	DV STAMD / SEAL ABOVE		Signature of Ca	umpaigir meas	urei
AFFIA NOTA	RY STAMP / SEAL ABOVE				
			, t	his the	day
of	, 20, to certify \	which, witness my ha	and and seal of office.		
Signature of officer	administering oath	Printed name of offic	cer administering oath	Title of off	icer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 13

					1 ago o el 10
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Capital Area Progressive Democrats					00040978
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Karin Crump Co	L ourt Of Appeals, Justice
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures	A. Supported		
		(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	Candidates	A. Supported	The Honorable James Talarico	State Representative
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			otato respiesoritativo
	(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			
	COMMITTEE ACTIVITY	applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Jose Garza Dist	rict 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.)			
		(Identify by name or, if			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 13

e Democrats 1. Candidates (Identify by name or, if applicable, classify by party.)		Ornela Deseta Travis County	13 Filer ID 00040978 Justice of the Pe	(Ethics Commission Filers)
Candidates (Identify by name or, if		Ornela Deseta Travis County		nago Dat F
(Identify by name or, if		Ornela Deseta Travis County	Justice of the Pe	page Dat F
				ace, FCI 5
	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.)				
1. Candidates		Sherine Thomas District Judg	e	
applicable, classify by party.)				
	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.)				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (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	location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted	location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

		•	OVER OTIEET I	5 of 13
17 COMMIT	TEE NAME	18 Filer ID	(Ethics Commission F	-ilers)
Capital /	Area Progressive Democrats			
l	LE SUBTOTALS F SCHEDULE	SUBTOTAL AM	OUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	104.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,448.21
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1.90

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 6/13	
2	FILER NAME Capital Area	Progressive Democrats			3	Filer ID (Ethics Commission 00040978	r Filers)
4	Date 01/06/2024	Alter, Alison (The Honorable)	state PAC (ID#:)	7	Amount of Contribution (\$)	\$11.00
_	Dringing Lagra	Austin, TX 78756	la-	Frankrian (Can Instructions	<u></u>		
8	Principal occu Philanthropic	pation / Job title (See Instructions) c Advisor	9	Employer (See Instructions Alter Advising LLC	5)		
	Date 01/06/2024	Boyt, Jeb Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$20.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Attorney			Texas Department of Insurance		ance	
	Date 01/01/2024	Full name of contributor out-of- Korgel, Skyler Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$11.00
		Austin, TX 78723					
	Principal occu Legislative D	pation / Job title (See Instructions) pirector		Employer (See Instructions Texas House of Repres		atives	
	Date Full name of contributor out-of-state PAC 01/06/2024 Payan, Beth		state PAC (ID#:)		Amount of Contribution (\$)	\$11.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Travis County	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:) 01/05/2024 Pool, Leslie (The Honorable) Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$10.00		
	Principal occu City Council	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	5)		
	City Council	WEITING		City of Austill			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/2 Rpt: 7/13	
2	FILER NAME Capital Area Progressive Democrats			3	Filer ID (Ethics Commission 00040978	Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Williams, Nancy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$21.00	
8	Principal occu	Austin, TX 78759 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Retired	pation, our face mandetons,	N/A	3)		
	Date 01/06/2024	Full name of contributor out-of-state PAC (ID#:_Wooten, Kennon Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$20.00
	Principal occu	ppation / Job title (See Instructions)	Employer (See Instructions Scott Douglass & McCo		co LLP	

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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/5 Rpt: 8/13	Capital Area Progressive Democrats 00040978
4 Date	5 Payee name
01/07/2024	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.13	P.O. Box 441156
Ψ4.10	1.0. Box 441100
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
01/02/2024	Capitol Credit Union
Amount (\$)	Payee address; City; State; Zip Code
\$3.99	P.O. Box 81649
, , , , ,	
Expenditure from corporate funds	Austin, TX 78708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/07/2024	Capitol Credit Union
Amount (\$)	Payee address; City; State; Zip Code
\$0.23	P.O. Box 81649
Ψ0.23	1.O. DOX 010-3
Expenditure from corporate funds	Austin, TX 78708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/O	•

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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politice Credit Card Payment	Cal Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 9/13	Capital Area Progressive Democrats	00040978
4 Date	5 Payee name	
02/01/2024	Capitol Credit Union	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3.99	P.O. Box 81649	
Expenditure from corporate funds	Austin, TX 78708	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	7 tocounting/Bariting	le of Texas. Complete Schedule T.
	Bank fees	officeholder living expense
	Dankiees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
01/06/2024	Central Austin Democrats	
Amount (\$)	Payee address; City; State; Zip Code	
\$49.07		
Ψ49.07	0112 Highlandale Di	
Expenditure from corporate funds	Austin, TX 78731	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside	le of Texas. Complete Schedule T.
EXPENDITURE	1 Toda/Beverage Expense	officeholder living expense
	Food for candida	te forum
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	DH	
Date	Payee name	
01/07/2024	ElectionBuddy, Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$29.00	8008 104th St	
	#217	
Expenditure from corporate funds	Edmonton AB T6E4E2 Canada	
·		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside	le of Texas. Complete Schedule T.
EXPENDITURE	Office Overfiedd/Nertial Experise	officeholder living expense
	Voting system	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	JH	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 10/13	Capital Area Progressive Democrats 00040978
4 Date	5 Payee name
01/02/2024	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.40	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense GSuite
	GSuite
O Committee ONII Wife discret	Our did to 10 ff as had done as many
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/02/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$6.40	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense GSuite
	GSuite
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/15/2024	The Austin Chronicle
Amount (\$)	Payee address; City; State; Zip Code
\$1,345.00	P.O. Box 4189
Expenditure from	
corporate funds	Austin, TX 78765
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LA LABITORL	Check if Austin, TX, officeholder living expense
	Endorsement ads
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Doggett, Lloyd (The Honorable) United States Representative United States Representative

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

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: 11/13	Capital Area Progressive Democrats 00040978
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
, ,	
Expenditure from corporate funds	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
One make the ONE Wife discret	One districts (Office healths grown and the control of the control
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Talariaa James (The Hanarahla) State Paprasantative District FO State Paprasantative District FO
	¹ Talarico, James (The Honorable) State Representative District 50 State Representative District 50
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Thomas, Sherine District Judge District 353rd

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ct Labor OTHER (enter a category not listed above)

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	5)
Sch: 5/5 Rpt: 12/13	Capital Area Progressive Democrats 00040978	,
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H Garza, Jose (The Honorable) District Attorney District 53rd District Attorney District 53rd	
Date	Payee name	
24.0	(see previous)	
A management (ch)		
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H Deseta, Ornela Travis County Justice of the	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/13 2 FILER NAME Filer ID (Ethics Commission Filers) Capital Area Progressive Democrats 00040978 8 Amount (\$) 5 Name of person from whom amount is received 01/01/2024 \$0.92 Capitol Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78708 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Name of person from whom amount is received Date 02/01/2024 Capitol Credit Union \$0.98 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78708 Purpose for which amount is received Check if political contribution returned to filer Interest