#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00068900 3 COMMITTEE NAME **OFFICE USE ONLY** Women Organizing Women Democrats Date Received **ELECTRONICALLY FILED** 04/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 864242 Change of Address Plano, TX 75086-4242 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. David M. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Smith CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 101 E. Park Blvd., Ste. 600 STREET **ADDRESS** (Residence or Business) Plano, TX 75074 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 101 E. Park Blvd., Ste. 600 MAILING **ADDRESS** Change of Address Plano, TX 75074 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 516-3849 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Women Organizing W	omen Democrats		0006890	00
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS  DGES, LOANS, OR GUARANTEES OF LOANS)	\$	75.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		2.97
	4. TOTAL POLITICA	L EXPENDITURES	\$	83.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	11,611.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the mation requir	e accompanying report is red to be reported by me
		Mr. David	d M. Smith	
		Signature of Car	mpaign Trea	surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
		, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of of	fficer administering oath

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				3 of 6
l		EE NAME rganizing Women Democrats	<b>18</b> Filer ID 00068900	(Ethics Commission Filers)
<b>19</b> SCI	HEDULI	SUBTOTAL AMOUNT		
NAI	ME OF	SCHEDULE		SUBTUTAL AWOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 75.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 83.99
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$ 50.00
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$
I				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2	FILER NAME Women Organizing Women Democrats	3 Filer ID (Ethics Commission Filers) 00068900
4		7 Amount of Contribution (\$) \$15.0
	Murphy, TX 75094	
8	Principal occupation / Job title (See Instructions)  not employed  9 Employer (See Instructions)  none	ctions)
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$60.0
	Contributor address; City; State; Zip Code  Albany, OR 97322	
	Principal occupation / Job title (See Instructions)  not employed  Employer (See Instructions)  none	ctions)

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica 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)
oreal oard rayment	The Instruction Guide explains I	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/6	Women Organizing Women Democrats	5	00068900
4 Date	5 Payee name		
03/12/2024	Constant Contact		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$81.02	1601 Trapelo Road	·	
Expenditure from corporate funds	Waltham, MA 02451		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Advertising Expense	Check if travel Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense wsletter services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name C	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE I					
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6	FILER NAME     Women Organizing Women Democrats	3 Filer ID (Ethics Commission Filers) 00068900			
4 Date 03/04/2024	5 Payee name Smith, David				
6 Amount (\$)  50.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 101 E. Park Blvd., Suite 600 Plano, TX 75074				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) campaign finance report preparation			