FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056769 3 COMMITTEE NAME **OFFICE USE ONLY** Northeast Travis County Democrats Date Received **ELECTRONICALLY FILED** 04/06/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 14905 Evening Mist Lane Change of Address Pflugerville, TX 78660 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mrs. Jane E. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Denson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 14905 Evening Mist Lane STREET **ADDRESS** (Residence or Business) Pflugerville, TX 78660 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 14905 Evening Mist Lane MAILING **ADDRESS** Change of Address Pflugerville, TX 78660 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 922-5341 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 March 5 September 5 December 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

| | | | • | | |
|---|---|--|--|--------------------------------------|---|
| 2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Northeast Travis Count | y Democrats | | | 00056769 | |
| 4 COMMITTEE | 1. Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (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.) | ул. Зарропец | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | 1 | | | | |
| 5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUT OR GUARANTEES OF LO ADE ELECTRONICALLY) qualifies for the higher itemizat | ANS, OR | \$ | 0.00 |
| | 2. TOTAL POLITICA | L CONTRIBUTIONS | | \$ | 110.00 |
| | (OTHER THAN PLEI | OGES, LOANS, OR GUARA | ANTEES OF LOANS) | | 110.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITUI | RES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | | \$ | 54.35 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTING | CONTRIBUTIONS MAINTA G PERIOD | INED AS OF THE LAST | DAY \$ | 1,131.49 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTA | NDING LOANS AS OF T | THE \$ | 0.00 |
| 6 AFFIDAVIT | <u> </u> | | | | |
| | | true and corr | ffirm, under penalty of pe ect and includes all infori 5, Election Code. | rjury, that the a mation required | accompanying report is If to be reported by me |
| | | | Mrs. Jane | E. Denson | |
| | | | Signature of Car | mpaign Treasu | rer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed | I hefore me by the said | | th | nis the | day |
| | | vhich, witness my hand and | | | |
| | - | , | | | |
| Signature of officer ad | lministering oath | Printed name of officer adr | ninistering oath | Title of office | cer administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | 3 of 8 | | | |
|--|--|----------|------|--------|--|--|--|
| 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) | | | | | | | |
| Northeast Travis County Democrats 00056769 | | | | | | | |
| 19 SCHEDU NAME OF | SUBTOTA | L AMOUNT | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 110.00 | | | |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | | |
| 3. X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | | | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | DR | \$ | | | | |
| 5. | \$ | | | | | | |
| 6. | \$ | | | | | | |
| 7. | \$ | | | | | | |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | | | |
| 9. X | \$ | 0.00 | | | | | |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | 54.35 | | | |
| 11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | | 0.00 | | | |
| 12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | | | 0.00 | | | |
| 13. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 0.00 | | | | |
| 14. | \$ | | | | | | |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | | | | | |
| | | | - | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|---|---|---|--|--|----------------|---|-----------|--|
| | The Instruction Guide explains how to complete this form. | | | | | Total pages Schedule A1: Sch: 1/2 Rpt: 4/8 | | |
| 2 | FILER NAME Northeast Tr | avis County Democrats | | | 3 | Filer ID (Ethics Commission 00056769 | r Filers) | |
| 4 | Date 03/04/2024 | 5 Full name of contributor Denson, Jane6 Contributor address; City; Stat | out-of-state PAC (ID#: te; Zip Code | | 7 | Amount of Contribution (\$) | \$5.00 | |
| 8 | Principal occu | Pflugerville, TX 78660 | 0 | Employer (See Instructions | ·/ | | | |
| 0 | Finance Mar | pation / Job title (See Instructions) nager | 9 | University of Texas | •) | | | |
| | Date 03/24/2024 | Full name of contributor Douglas, Cynthia Contributor address; City; Stat Austin, TX 78724 | | | | Amount of Contribution (\$) | \$20.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | | |
| | not employed | d | | not employed | | | | |
| | Date 03/04/2024 | Full name of contributor [Monica, Guzman Contributor address; City; Stat | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$20.00 | |
| | | Austin, TX 78758 | | | | | | |
| | Principal occu Policy Direct | pation / Job title (See Instructions) or | | Employer (See Instructions GAVA | 5) | | | |
| | Date 03/20/2024 | Full name of contributor Rader, Willa Contributor address; City; Stat Austin, TX 78723 | out-of-state PAC (ID#:te; Zip Code |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu not employed | pation / Job title (See Instructions) | | Employer (See Instructions not employed | 5) | | | |
| | Date 03/16/2024 | Full name of contributor Suddaby, Iris Contributor address; City; Stat Austin, TX 78752 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$20.00 | |
| | Principal occu Financial An | pation / Job title (See Instructions) | | Employer (See Instructions Travis County | 5) | | | |
| | i mandai All | <u></u> | | Travis County | | | | |

| MONETA | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULE A1 |
|---|---|---|----------------------------|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 2/2 Rpt: 5/8 | |
| FILER NAME Northeast Trav | vis County Democrats | | | 3 | Filer ID (Ethics Commission Filers) 00056769 |
| 03/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Tokumaru, Mary (Ms.) Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) \$20.00 |
| | Austin, TX 78758 ation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | |
| Non-employed | ı | | Non-employed | | |
| | | | | | |
| | | | | | |

| PLE | DGED CONTRIBU | TIONS | | | SCHEDULE B | | |
|---|---|-----------------------|----------------------|----------|--|--|--|
| Т | he Instruction Guide exp | lains how to compl | ete this form. | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 6/8 | | |
| 2 FILER NAME Northeast Travis County Democrats | | | | 3 | | | |
| <u></u> | OF UNITEMIZED PLEDG | ES | | | \$ 0. | | |
| 5 Date | 6 Full name of pledgor7 Pledgor Address; | out-of-state PAC (ID# | | <u> </u> | Amount of pledge (\$) In-kind description (If applicable) | | |
| 10 Principal | occupation / Job title (See Instru | otions) | 11 5 |] | Check if travel outside of Texas. Complete Schedul | | |
| LU PIIIICIPAI | occupation / Job title (See Institu | Clions) | 11 Employer (See Ins | structi | ons) | | |
| | | | | | | | |
| | | | | | | | |

| | LOANS | | | | | SCHEDULE E | 1 |
|----|---|-----------------------------------|-----------------|--|-------------------|--|----|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 7/8 | | | |
| 2 | FILER NAME Northeast Travis | s County Democrats | | | | (Ethics Commission Filers) | |
| 4 | TOTAL OF UN | NITEMIZED LOANS | | | I | \$ 0. | 00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | | 9 Loan Amount (\$) | |
| 6 | Is lender a financial institution? | 8 Lender address; C | state; | Zip Code | | 10 Interest Rate | |
| | | | | | | 11 Maturity Date | |
| 12 | Principal occupati | on / Job title (See Instructions) | | 13 Employer (See Instr | uctions) | | |
| 14 | Description of Col | lateral | | 15 Check if personal fu | nds were deposite | d into political account (See Instructions) | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | 19 Amount Guaranteed (\$) | |
| | not applicable | 18 Guarantor address; C | ity; State; | Zip Code | | | |
| _ | Principal occupati | on | | 21 Employer (See Instr | uctions) | | |
| | | | | | | | |

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 Committee 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

| Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/1 Rpt: 8/8 | Northeast Travis County Democrats O0056769 |
| 4 Date | 5 Payee name |
| 03/25/2024 | ActBlue Technical Services |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$4.35 | 366 Summer Street |
| | |
| Expenditure from | Samanilla MA 02144 2122 |
| corporate funds | Somerville, MA 02144-3132 |
| 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. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | donation processing fees |
| | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/16/2024 | Tres Amigos Restaurant |
| Amount (\$) | Payee address; City; State; Zip Code |
| | |
| \$50.00 | 7535 E US 290 Service Rd. |
| Expenditure from | |
| corporate funds | Austin, TX 78723 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | room fee |
| | |
| Commiste ONII V if dispet | Condidate Office halder name Office another |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| experience to borione eye | ' |
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