MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

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The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00016291 2							2 Total pages filed: 5			
3	COMMITTEE NAME		OFFICE USE ONLY							
	National Association of Social Workers/Texas Political Action For Candidate Election									
							Date Received ELECTRONICALLY FILED 05/01/2024			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	≠; C	ITY; STATE;	ZIP					
	ADDRESS	810 W. 11th St.								
	Change of Address	Austin, TX 78701-2010					Date Hand-delivered or Date Postmarked			
5	CAMPAIGN	MS/MRS/MR FIRS	т		N	11	Date Hand-delivered of Date Fostmarked			
ľ	TREASURER		,,		IV.		Receipt # Amount			
	NAME	Mr. Will								
		NICKNAME LAS					Date Processed			
					3	UFFIX				
		Fran	ncis				Date Imaged			
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEA	ASE);	APT / SUITE #;	CITY;	STA	ATE; ZIP CODE			
	STREET	810 W. 11th St.								
	ADDRESS									
	(Residence or Business)	Austin, TX 78701								
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;		APT / SUITE #;	CITY;	STA	ATE; ZIP CODE			
	MAILING	810 W. 11th St.								
	ADDRESS									
	Change of Address	Austin, TX 78701								
8	CAMPAIGN	AREA CODE PHONE NUMB	ER	EXTE	NSION					
	TREASURER PHONE	(512) 474-1454								
	FIIONE	(512) 474-1454								
9	REPORT TYPE			10th day after c	amnaign	-	7			
		X Monthly		treasurer termin			Dissolution (Attach PAC-DR)			
10) MONTHLY									
-`	REPORT FILING	January 5	April 5		July 5		October 5			
	DEADLINE				-					
		February 5 X	May 5	L	August 5		November 5			
		March 5	June 5		Septembe	er 5	December 5			
	L PERIOD	Month Day Year				lonth	Day Year			
1	COVERED	•	TH	ROUGH			•			
		03/26/2024			0	4/25/2	024			
L				PAGE 2						
Fo	rms provided by Tex	as Ethics Commission ww	ww.ethi	cs.state.tx.us			Version V3.5.1.5b35d027			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
National Association of	Social Workers/Texas	Political Action For Candidate Election	00016291			
14 COMMITTEE ACTIVITY	1. 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				
	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	PLEDGES, LOANS, CONTRIBUTIONS M	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 PLED	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS						
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	DAY \$	7,628.55			
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				0.00		
16 AFFIDAVIT	•		•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
		Mr. Wil	II Francis			
		Signature of Ca	mpaign Treasi	urer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	his the	day				
of	_, 20, to certify v	which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027		

FORM MPAC COVER SHEET PG 3

3 of 5

17 COMMITT National	(Ethics Commission Filers)		
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00	
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 LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION 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. X	SCHEDULE E: LOANS		\$ 0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SUBTOTALS - MPAC

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

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	The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5				
2	FILER NAME	Ξ			3	Filer ID (Ethics Commission Filers)			
	National As	sociation of Social Workers	/Texas Political Action	For Candidate	00016291				
4	TOTAL OF UNITEMIZED PLEDGES					\$			0.00
5	Date	6 Full name of pledgorout-of-state PAC (ID#:)	8	Amount of pledge (\$)	9 	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	I I I I I el outside d	of Texas. Complete Sch	edule T.
10 Principal occupation / Job title (See Instructions)				11 Employer (See Instru	ictic	ons)			

LOANS							:	SCHEDULE	Е
The Instruction Guide explains how to complete this form.							1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5		
2 FILER NAME National Association of Social Workers/Texas Political Action For Candidate Election							3 Filer ID (Ethics Commission Filers) 00016291		
⁴ TOTAL OF UN	ITEMIZED LOANS						\$		0.00
5 Date of loan	7 Name of lender	0	ut-of-state PA	C (ID#:) 9 Loan /	Amount (\$)	
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interes		
				1			11 Maturi	ily Dale	
12 Principal occupati	on / Job title (See Instruct	ions)		13 Employer (See Instruction	ons)				
14 Description of Col	lateral			15 Check if personal funds	were	e deposite		cal account nstructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor			<u> </u>			19 Amou	nt Guaranteed	(\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code					
20 Principal occupati	on			21 Employer (See Instruction	ons)				