MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00068900	2 Total pages filed: 6
3 COMMITTEE NAME			OFFICE USE ONLY
Women Organizing	g Women Democrats		
			Date Received ELECTRONICALLY FILED
			05/03/2024
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
	P.O. Box 864242		
	Plano, TX 75086-4242		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
NAME	Mr. David M.		Receipt # Amount
			Date Processed
	NICKNAME LAST	SUFFI	
	Smith		Date Imaged
			, , , , , , , , , , , , , , , , , , ,
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	101 E. Park Blvd., Ste. 600		
STREET ADDRESS			
(Residence or Business)	Plano, TX 75074		
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
MAILING	101 E. Park Blvd., Ste. 600		
	Plano, TX 75074		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(972) 516-3849		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	January 5 April	5 July 5	October 5
DEADLINE			
	February 5 X May	5 August 5	November 5
	March 5 June	2 5 September 5	December 5
11 PERIOD COVERED	Month Day Year 03/26/2024	THROUGH 04/25/2	Day Year
	03/20/2024	04/23/	2024
	GO ⁻	TO PAGE 2	
Forme provided by Tax		thics.state.tx.us	Version V3.5.1.5b35d027

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	mon Domocrata		13 Filer ID	(Ethics Commission Filers)
Women Organizing Wo			00068900	J
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		
report in necessary.)				
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M) POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	0.00
	 check here if this report TOTAL POLITICA 	qualifies for the higher itemization threshold		
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	15.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.60
	4. TOTAL POLITICA	L EXPENDITURES	\$	466.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	11,110.15
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I			
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Mr. David	d M. Smith	
		Signature of Car		urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer 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 6

17 COMMITT		18 Filer ID	(Ethics Commission Filers)
	Organizing Women Democrats	00068900	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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 (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 466.61
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 CONTRIBUTIO	ONS	\$ 50.00
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Women Organizing Women Democrats 00068900 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 04/07/2024 \$15.00 Lawrence, Amy 6 Contributor address; City; State; Zip Code Murphy, TX 75094 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) not employed none

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1:	2 EILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/6	Women Organizing Women Democrats	;	00068900
4 Date	5 Payee name		•
04/09/2024	Constant Contact		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$81.01	1601 Trapelo Road		
Expenditure from corporate funds	Waltham, MA 02451		
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin	n, TX, officeholder living expense
		electronic ne	wsletter services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date	Payee name		
04/03/2024	The Hartford		
		7. 0. 1	
Amount (\$)		Zip Code	
\$385.00	P.O. Box 660916		
Expenditure from corporate funds	Dallas, TX 75266		
PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF EXPENDITURE	Fees	Check if travel	outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin	n, TX, officeholder living expense
		annual liabilit	ty insurance premium
Complete ONLY if direct	Candidate/Officeholder name C	ffice sought	Office held
expenditure to benefit C/O		fince sought	Office field

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		
Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME Women Organizing Women Democrats	3 Filer ID (Ethics Commission Filers 00068900
Date 04/02/2024	5 Payee name Smith, David	
Amount (\$) 50.00 Expenditure from	 7 Payee Address; City; State; Zip 101 E. Park Blvd., Suite 600 Plano, TX 75074 	
corporate funds 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