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** 06/02/2024 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 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

CONTRIBUTIONS MIADE ELECTRONICALLY) Check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 110 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 00 4. TOTAL POLITICAL EXPENDITURES \$ 254 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,005 OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	2 COMMITTEE NAME			13 F	iler ID	(Ethics Commission Filers)
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paget to complete this report if necessary.) 2. Measures (Describe by date and reduce of issue) 3. Officeholders ASSISTED (Describe by date and reduce of issue) B. Opposed 3. Officeholders ASSISTED (Describe by date and reduce of issue) B. Opposed 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR QUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) CONTRIBUTION 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I Levear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Jane E. Denson Rignature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	ACTIVITY					
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LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Jane E. Denson Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day					\$	1,005.16
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Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of officer ac	dministering oath	Printed name of officer administer	ing oath	Fitle of offic	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 O	SUBTOTAL AN	MOUNT				
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 LABOURGANIZATION)R	\$			
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. X SCHEDULE E: LOANS \$				0.00		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	254.35		
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00		
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

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	ı Filers)	
4	Date 05/04/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$5.00		
8	Principal occu	PFLUGERVILLE, TX 78660 pation / Job title (See Instructions)	9	Employer (See Instructions	()			
	Finance Mar			University of Texas	,			
	Date Full name of contributor out-of-state PAC (ID#:) 04/26/2024 Douglas, Cynthia (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00			
	Principal occu	Austin, TX 78724 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	not employed n/a							
Date O5/24/2024 Full name of contributor Douglas, Cynthia (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00		
		Austin, TX 78724						
	Principal occu not employed	pation / Job title (See Instructions) d		Employer (See Instructions n/a)			
	Date 05/20/2024	Full name of contributor Rader, Willa Contributor address; City; State Austin, TX 78723	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00	
	Principal occupation / Job title (See Instructions) not employed Employer (See Instructions) not employed			Employer (See Instructions not employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/16/2024 Suddaby, Iris Contributor address; City; State; Zip Code Austin, TX 78752			Amount of Contribution (\$)	\$20.00			
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Financial Analyst Travis County			5)				
	i manda Ali	ary St		Travis County				

	MONETA	RY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2	FILER NAME Northeast Trav	is County Democrats			3	Filer ID (Ethics Commission Filers) 00056769
4	Date 05/17/2024 5 Full name of contributor out-of-state PAC (ID#:) Tovo, Kathryne 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$20.00	
Ω	Principal occupa	Austin, TX 78705 tion / Job title (See Instructions)	9	Employer (See Instructions	·,	
0	Adjunct faculty		9	University of Texas	·)	

PLE	DGED CONTRIBU	TIONS			SCHEDULE B		
The Instruction Guide explains how to complete 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 pledgorout-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip Code			<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)		

L	OANS					SCHEDUI	LE E
Т	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 7/8		
	ILER NAME Iortheast Travis	County Democrats			3 Filer ID 00056	(Ethics Commission 769	Filers)
4 T	OTAL OF UN	IITEMIZED LOANS				\$	0.00
5 D	ate of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
fir	s lender a nancial nstitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 P	rincipal occupation	on / Job title (See Instruction	ons)	13 Employer (See Instructions	5)	•	
14 D	escription of Coll	ateral		15 Check if personal funds we	ere deposite	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20 P	rincipal occupation	L on		21 Employer (See Instruction:	5)	.1	

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 Committe

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 1/1 Rpt: 8/8	Northeast Travis County Democrats 00056769
4 Date	5 Payee name
05/24/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.35	366 Summer Street
- "	
Expenditure from 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.
	Check if Austin, TX, officeholder living expense donation processing fees
	donation processing rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date	Payee name
05/24/2024	Mahoney, Tim
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	P.O. Box 1544
— Constantitude forms	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	postage and printing mailer for campaign activities
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better civot	'
Date	Payee name
05/18/2024	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 EXPENDITURE	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	room fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	•