FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085718 3 COMMITTEE NAME **OFFICE USE ONLY Equity Action** Date Received **ELECTRONICALLY FILED** 07/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 300812 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rebecca R. NAME NICKNAME LAST **SUFFIX** Webber STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4228 Threadgill St STREET **ADDRESS** (Residence or Business) Austin, TX 78723 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4228 Threadgill St MAILING **ADDRESS** Austin, TX 78723 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 669-9506 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED** 01/01/2024 **THROUGH** 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Equity Action			00085718	
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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M 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	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	289,021.64
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	61,010.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	230,846.49
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Rebecca	R. Webber	
		Signature of Ca	mpaign Treasu	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 26
17 COMMITT		18 Filer ID 00085718	(Ethics Commission Filers)
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 289,021.64
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL 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 CONTRIBUTION	S	\$ 61,010.90
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	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: 1/4 Rpt: 4/26
2	FILER NAME Equity Action	1			3	Filer ID (Ethics Commission Filers) 00085718
4	Date 01/15/2024				7	Amount of Contribution (\$) \$200.00
_	B	Austin, TX 78727		2 5 1 (2 1 1 1	Ĺ	
8	Money Coac	pation / Job title (See Instructions h + Financial Advisor		Employer (See Instructions Reimagine Wealth LLC	s) T	
	Date 05/07/2024	Full name of contributor Gasquet, Horacio Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$58.21
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions	s) 	
	Student	pation 7 oob title (See Histractions	,	University of Texas at A		in
	Date Full name of contributor out-of-state PAC (ID#:) 04/19/2024 Hagerman, Janice Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,289.79	
		Austin, TX 78741			Ĺ	
	na Principal occu	pation / Job title (See Instructions)	Employer (See Instructions na	s)	
	Date 04/10/2024	Full name of contributor Heising-Simons Foundatio Contributor address; City; St Los Altos, CA 94022				Amount of Contribution (\$) \$150,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)	
	Date 01/24/2024	Full name of contributor Kaplan Law Firm Contributor address; City; St Austin , TX 78746	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$) \$2,075.75
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE	■ A1
	The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/26	
2	FILER NAME Equity Action	1				3	Filer ID (Ethics Commission 00085718	Filers)
4	Date 05/09/2024	5 Full name of contributor Kuhn, James6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$26.63
		Austin, TX 78731						
8	Principal occu Operations	pation / Job title (See Instructions	s) 	9	Employer (See Instructions capital J collective	s)		
	Date 02/03/2024	Full name of contributor Middlebrooks, Jordyn Contributor address; City; St)		Amount of Contribution (\$)	\$21.37
	Principal occu	Austin, TX 78752 pation / Job title (See Instructions	<u>)</u>		Employer (See Instructions	;) 		
	Librarian	panon, oos nilo (cco mondonone	,		University of Texas at A		in	
	Date 02/29/2024	Full name of contributor Middlebrooks, Jordyn Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$21.37
		Austin, TX 78752						
	Principal occu SAHD	pation / Job title (See Instructions	s)		Employer (See Instructions My partner	5)		
	Date 03/13/2024	Full name of contributor Middlebrooks, Jordyn Contributor address; City; St)	•	Amount of Contribution (\$)	\$26.63
	Principal occu Writer	pation / Job title (See Instructions	s)		Employer (See Instructions Acro	5)		
	Date 04/03/2024	Full name of contributor Middlebrooks, Jordyn Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$26.63
	Principal occu Parent	pation / Job title (See Instructions	s)		Employer (See Instructions None	5)		
			,					

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE	A1
	The Instruc	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/26	
2	FILER NAME Equity Action	1				3	Filer ID (Ethics Commission F 00085718	-ilers)
4	Date 05/07/2024	5 Full name of contributor Middlebrooks, Jordyn6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$26.63
		Austin, TX 78752						
8	consultant	pation / Job title (See Instructions	5)	9	Employer (See Instructions capital J collective	5)		
	Date 06/14/2024	Full name of contributor Middlebrooks, Jordyn Contributor address; City; S)	•	Amount of Contribution (\$)	\$26.63
	Principal occu	Austin, TX 78752 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Software en	gineer			National Instruments			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.58		
		Austin, TX 78723						
	•	pation / Job title (See Instructions brooks@gmail.com	5)		Employer (See Instructions capital J collective	s)		
Date O1/12/2024 Proteus Action League Contributor address; City; State; Zip Code Philadelphia, TX 19182)		Amount of Contribution (\$) \$10	0,000.00			
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 05/07/2024	Full name of contributor Rigdon, Sarah Contributor address; City; S Austin, TX 78758	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$58.21
	Principal occu Financial Ad	pation / Job title (See Instructions	5)		Employer (See Instructions Capital J Collective	s)		
			,					

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/26
2	FILER NAME Equity Action	3 Filer ID (Ethics Commission Filers) 00085718
4	Date 05/07/2024 Full name of contributor	7 Amount of Contribution (\$) \$58.21
	Austin, TX 78704	
8	Principal occupation / Job title (See Instructions) Radical Financial Advisor 9 Employer (See Instruction Capital J Collective	15)
	Date Full name of contributor out-of-state PAC (ID#:) 02/28/2024 Stacy Helen Schusterman Contributor address; City; State; Zip Code Tulsa, OK 04101	Amount of Contribution (\$) \$125,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ns)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/19 Rpt: 8/26	Equity Action 00085718
4 Date	5 Payee name
03/27/2024	Austin Dive Bar
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.14	1703 Guadalupe St
Ψ01.14	1700 Guadalape of
Expenditure from corporate funds	Austin, TX 78705
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meeting
	incoming in the second
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/19/2024	Castillo, Alycia
Amount (\$)	Payee address; City; State; Zip Code
\$2,531.75	2009 Garden St
Expenditure from corporate funds	Austin, TX 78702
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
LXFLINDITORL	Check if Austin, TX, officeholder living expense
	Consulting
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
02/13/2024	Collective Campaigns
Amount (\$)	Payee address; City; State; Zip Code
\$520.00	9901 Brodie Ln- Ste # 160
Expenditure from	
corporate funds	Austin, TX 78748
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE	Compliance
	Compliance
Complete CAU V & disc-+	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/19 Rpt: 9/26	Equity Action	00085718
4 Date	5 Payee name	•
06/14/2024	Donate Way	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$0.56	PO Box 300593	
Expenditure from corporate funds	Austin, TX 78703	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	uht Office held
expenditure to benefit C/O		The Office Held
Data	Davida anna	
Date 02/29/2024	Payee name Donate Way	
	-	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1.37	PO Box 300593	
Expenditure from	: =\/ ====	
corporate funds	Austin, TX 78703	
PURPOSE OF		(b) Description Check if travel outside of Tourse Complete Schodule T
EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Fees
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	4	
Date	Payee name	
05/07/2024	Donate Way	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$3.21	PO Box 300593	
- Formandamic Cons		
Expenditure from corporate funds	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Fees
Complete ONLY if direct	Candidate/Officeholder name Office souc	tht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Julice Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/19 Rpt: 10/26	Equity Action	00085718
4 Date	5 Payee name	'
02/03/2024	Donate Way	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$1.37	PO Box 300593	
·		
Expenditure from corporate funds	Austin, TX 78703	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office	
expenditure to benefit C/O		
Date	Payee name	
04/19/2024	Payee name Donate Way	
	-	Codo
Amount (\$) \$64.79	Payee address; City; State; Zip PO Box 300593	Code
Φ04.79	PO BOX 300393	
Expenditure from corporate funds	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Fees
0 1 0 0 1 1 0		000
Complete ONLY if direct expenditure to benefit C/O		sought Office held
Date	Payee name	
04/03/2024	Donate Way	
Amount (\$)	Payee address; City; State; Zip	Code
\$1.63	PO Box 300593	
Expenditure from		
corporate funds	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Fees
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O		Office field

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 4/19 Rpt: 11/26	Equity Action 00085718
4 Date	5 Payee name
03/13/2024	Donate Way
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.63	PO Box 300593
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Fees
	, and along to see
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/07/2024	Donate Way
Amount (\$)	Payee address; City; State; Zip Code
\$3.21	PO Box 300593
Expenditure from corporate funds	Austin, TX 78703
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/09/2024	Donate Way
Amount (\$)	Payee address; City; State; Zip Code
\$1.63	PO Box 300593
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Check if Austin, TX, officeholder living expense
	Fundraising Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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 Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)
Sch: 5/19 Rpt: 12/26	Equity Action	00085718
4 Date	5 Payee name	·
01/15/2024	Donate Way	
6 Amount (\$)	7 Payee address; City; State; Zip C	rode
\$10.30	PO Box 300593	
Expenditure from corporate funds	Austin, TX 78703	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ught Office held
expenditure to benefit C/OI		233 1.3.0
Date	Payee name	
05/07/2024	Donate Way	
	,	ada
Amount (\$) \$1.63		ode
\$1.03	PO Box 300593	
Expenditure from corporate funds	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Fees
		Fundraising Fees
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		differential
Data	Davida nama	
Date 05/07/2024	Payee name Donate Way	
	•	
Amount (\$)	Payee address; City; State; Zip C	oue
\$3.21	PO Box 300593	
Expenditure from corporate funds	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
EAFEINDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Fees
Operation Children	Overall date (Office health as a	Off.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 6/19 Rpt: 13/26	Equity Action 00085718
4	Date	5 Payee name
	05/07/2024	Donate Way
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.58	PO Box 300593
	- Constantituus faans	
	Expenditure from corporate funds	Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Fees
		l and many
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2024	Ground Game Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,150.00	PO Box 383
	Expenditure from corporate funds	Manchaca, TX 78652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Ground Game Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,375.00	PO Box 384
	Expenditure from corporate funds	Manchaca, TX 78652
	PURPOSE	· · · · · · · · · · · · · · · · · · ·
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	¬

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 7/19 Rpt: 14/26	Equity Action 00085718
4 Date	5 Payee name
01/21/2024	Ground Game Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,000.00	PO Box 385
Expenditure from corporate funds	Manchaca, TX 78652
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Dougo nama
	Payee name
06/14/2024	Haynie and Co
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	8303 N Mopac Expy suite a-120
Expenditure from	
corporate funds	Austin, TX 78759
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 Accounting
	Accounting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date 03/15/2024	Payee name
	Haynie and Co
Amount (\$)	Payee address; City; State; Zip Code
\$485.00	8303 N Mopac Expy suite a-120
Expenditure from	
corporate funds	Austin, TX 78759
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
	Accounting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		•		ages	s/Contract Labor OTHER (enter a category not listed above)
		_	The Instruction Guide explains	now to con	npie	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 8/19 Rpt: 15/26		Equity Action			00085718
4	Date	5	Payee name			
	05/30/2024		Haynie and Co			
6	Amount (\$)	7	Payee address; City; State;	; Zip Coo	de	
	\$2,250.00		8303 N Mopac Expy suite a-120			
	, ,		150			
Г	Expenditure from		Auctin TV 707E0			
	corporate funds		Austin, TX 78759			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description
	EXPENDITURE		Accounting/Banking			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Accounting
						7.000dritting
_	Operation ONLY if allowers	<u> </u>	On a dialote (Office leaded and a second	24:	. l. a	Office health
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office soug	Jrit	Office held
	Date		Payee name			
	05/16/2024		Haynie and Co			
	Amount (\$)	┝		; Zip Cod	- - - Ar	
	\$900.00		8303 N Mopac Expy suite a-120	, Ζιρ Ουί	JC	
	φ900.00		8303 N Mopac Expy Suite a-120			
	Expenditure from corporate funds		Austin, TX 78759			
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description
	OF EXPENDITURE		Accounting/Banking			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense
						Accounting
		L			_	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office soug	ght	Office held
	Date		Payee name			
	03/25/2024		Haynie and Co			
	Amount (\$)		Payee address; City; State;	; Zip Coo	de	
	\$350.00		8303 N Mopac Expy suite a-120			
	,		150			
	Expenditure from corporate funds		Austin, TX 78759			
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description
	OF EXPENDITURE		Accounting/Banking			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense
						Accounting
	Complete ONLY if direct		Candidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/O	7				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 9/19 Rpt: 16/26	Equity Action 00085718	
4 Date	5 Payee name	
02/21/2024	Haynie and Co	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$860.00	8303 N Mopac Expy suite a-120	
Expenditure from corporate funds	Austin, TX 78759	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Accounting	
	, loosanting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	H	
Date	Payee name	_
01/23/2024	Haynie and Co	
Amount (\$)	Payee address; City; State; Zip Code	_
\$700.00	8303 N Mopac Expy suite a-120	
,,,,,,,		
Expenditure from corporate funds	Austin, TX 78759	
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	
	Accounting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
		_
Date	Payee name	
06/28/2024	IRS	
Amount (\$)	Payee address; City; State; Zip Code	
\$422.39	PO Box 409101	
Expenditure from corporate funds	Ogden, UT 84409	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Payroll Taxes	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	п 	

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

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: 10/19 Rpt: 17/26	Equity Action 00085718
4 Date	5 Payee name
06/14/2024	IRS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$422.39	PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Payroll Taxes
	rayioli raxes
O Complete ONLY if direct	Candidate/Officeholder name Office acusht
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2024	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$422.39	PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/15/2024	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$422.39	PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to com	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commis	sion Filers)
Sch: 11/19 Rpt: 18/26	Equity Action	00085718	
4 Date	5 Payee name	<u>'</u>	
04/30/2024	IRS		
6 Amount (\$)	7 Payee address; City; State; Zip Cod		
\$422.39	PO Box 409101		
Expenditure from corporate funds	Ogden, UT 84409		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE		Check if Austin, TX, officeholder living expense	
		Payroll Taxes	
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held	
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	office field	
Data			
Date	Payee name		
04/15/2024	IRS		
Amount (\$)	Payee address; City; State; Zip Cod		
\$422.39	PO Box 409101		
Expenditure from			
corporate funds	Ogden, UT 84409		
PURPOSE OF	, , ,	Description	
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Payroll Taxes	
		•	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ot Office held	
expenditure to benefit C/OI	1		
Date	Payee name		
03/29/2024	IRS		
Amount (\$)	Payee address; City; State; Zip Cod		
\$422.39	PO Box 409101		
Expenditure from corporate funds	Ogden, UT 84409		
PURPOSE		D) Description	
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Payroll Taxes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	office held	
2			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	;)
Sch: 12/19 Rpt: 19/26	Equity Action 00085718	
4 Date	5 Payee name	
03/15/2024	IRS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$422.39	PO Box 409101	
Expenditure from corporate funds	Ogden, UT 84409	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Payroll Taxes	
• • • • • • • • • • • • • • • • • • • •		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
·		
Date	Payee name	
02/29/2024	IRS	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,197.64	PO Box 409101	
Expenditure from		
corporate funds	Ogden, UT 84409	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Payroll Taxes	
	T dyron raxes	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name	_
02/08/2024	LK Forest	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,960.00	475 Brannan St. Suite 430.	
Ψ1,000.00		
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expense (c) Category (See Categories listed at the top of this schedule) Consulting Expense	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Website Vendor	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider, Credit Card Payment	r/Political Comi		Salaries/v iide explains how to co		ete this form.
1 Total pages Schedule	e F1: 2 F	FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 13/19 Rpt: 20		Equity Action			00085718
4 Date	5 F	Payee name			•
06/10/2024	1	Mailchimp			
6 Amount (\$)	7 F	Payee address; City;	State; Zip Co	ode	
\$191	1.88 4	105 N Angier Ave. NE.			
Expenditure from corporate funds	,	Atlanta, GA 30308			
8 PURPOSE	(a) (Category (See Categories listed at the	ne top of this schedule)	(b)	Description
OF EXPENDITURE		Office Overhead/Rental Exp	ense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Subscription
					- Cassesp.s.o
9 Complete ONLY if dir	rect Ca	andidate/Officeholder name	Office sou	l Iaht	Office held
expenditure to benefit			J55 555	·9···	SSS 1.612
Date		Payes name			
05/10/2024		Payee name Mailchimp			
		·	State; Zip Co	, do	
Amount (\$) \$191		Payee address; City;	State, Zip Ct	oue	
\$131	1.88 4	106 N Angier Ave. NE.			
Expenditure from corporate funds	,	Atlanta, GA 30308			
PURPOSE	(a) (Category (See Categories listed at the	ne top of this schedule)	(b)	Description
OF EXPENDITURE		Office Overhead/Rental Exp	oense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Subscription
					Jubscription
Complete ONLY if dir	rect Ca	andidate/Officeholder name	Office sou	l Iaht	Office held
expenditure to benefi		andidate/Officeriolaer flame	Office 30d	giit	Office field
Data					
Date 04/09/2024		Payee name Mailchimp			
		•	2: . 7: 0		
Amount (\$)		Payee address; City;	State; Zip Co	oae	
\$19 1	1.88 4	107 N Angier Ave. NE.			
Expenditure from corporate funds	,	Atlanta, GA 30308			
PURPOSE	(a) (Category (See Categories listed at the	ne top of this schedule)	(b)	Description
OF EXPENDITURE		Office Overhead/Rental Exp	ense		Check if travel outside of Texas. Complete Schedule T.
L/A LABITORL					Check if Austin, TX, officeholder living expense
					Subscription
Complete ONLY if dir	roet C	andidate/Officeholder name	Office	l abt	Office held
expenditure to benefi		andidate/Onicendidei naifle	Office sou	ıgıll	Office field
Earms provided by Tay	vac ⊑thiac	L'Ommicción M	www.athice.etata.tv.i	10	Varsion V// 1 0 d279aba

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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

Great Gard F dyment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 14/19 Rpt: 21/26	Equity Action	00085718			
4 Date	5 Payee name	<u> </u>			
02/09/2024	Mailchimp				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$191.88	408 N Angier Ave. NE.				
Expenditure from corporate funds	Atlanta, GA 30308				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Subscription			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held			
expenditure to benefit C/O					
Date	Payes name				
03/09/2024	Payee name Mailchimp				
Amount (\$)	·	ada			
\$191.88		oue			
\$191.00	409 N Angier Ave. NE.				
Expenditure from	Atlanta CA 20200				
corporate funds	Atlanta, GA 30308				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Taxon Complete Schedule T			
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Subscription			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held			
expenditure to benefit C/O	Н				
Date	Payee name				
01/09/2024	Mailchimp				
Amount (\$)	Payee address; City; State; Zip Ci	ode			
\$191.88	410 N Angier Ave. NE.				
Expenditure from corporate funds	Atlanta, GA 30308				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Subscription			
		Cabbonphon			
Complete ONLY if direct	Candidate/Officeholder name Office sou	Office held			
expenditure to benefit C/O		onice neiu			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Great Gara Fayment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 15/19 Rpt: 22/26	Equity Action	00085718			
4 Date	5 Payee name	<u> </u>			
06/28/2024	Mitchell, Kathy				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$1,564.89	PO Box 13551				
Funenditure from					
Expenditure from corporate funds	Austin, TX 78711				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Policitcal Director			
		. 5.15.154. 2.15515.			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held			
expenditure to benefit C/O		agrit Office field			
Data					
Date 06/14/2024	Payee name Mitchell Kathy				
	Mitchell, Kathy				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$1,564.89	PO Box 13551				
Expenditure from					
corporate funds	Austin, TX 78711				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Policitcal Director			
		. 6.161661. 2.176161			
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held			
expenditure to benefit C/O					
Date	Payee name				
05/31/2024	Mitchell, Kathy				
	•	odo.			
Amount (\$) \$1,564.89	Payee address; City; State; Zip C PO Box 13551	oue			
φ1,304.09	FO BOX 13331				
Expenditure from corporate funds	Austin, TX 78711				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE		Check if Austin, TX, officeholder living expense			
		Policitcal Director			
0 1. 6	2 11 10 11 11				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held			
3					

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

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: 16/19 Rpt: 23/26	Equity Action 00085718
4 Date	5 Payee name
05/15/2024	Mitchell, Kathy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,564.89	PO Box 13551
Expenditure from corporate funds	Austin, TX 78711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Policitcal Director
	1 Gilottetti Birector
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Dougo nama
04/30/2024	Payee name Mitchell Kathy
	Mitchell, Kathy
Amount (\$)	Payee address; City; State; Zip Code
\$1,564.89	PO Box 13551
Expenditure from	
corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Policitcal Director
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/15/2024	Mitchell, Kathy
Amount (\$)	Payee address; City; State; Zip Code
\$1,564.89	PO Box 13551
- "	
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Chy Schedule T. Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Policitcal Director
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 17/19 Rpt: 24/26	Equity Action 00085718	
4 Date	5 Payee name	
03/29/2024	Mitchell, Kathy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,564.89	PO Box 13551	
·		
Expenditure from corporate funds	Austin, TX 78711	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Policitcal Director	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	=
03/15/2024	Mitchell, Kathy	
	·	_
Amount (\$)	Payee address; City; State; Zip Code PO Box 13551	
\$1,564.89	PO BOX 13551	
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Policitcal Director	
	Policical Director	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
		_
Date	Payee name	
02/29/2024	Mitchell, Kathy	
Amount (\$)	Payee address; City; State; Zip Code	
\$7,824.45	PO Box 13551	
Expenditure from		
corporate funds	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Policitcal Director	
	1 ollottodi Birottoli	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form	i.	-,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	r Filers)
Sch: 18/19 Rpt: 25/26	Equity Action		00085718	
4 Date	5 Payee name			
06/18/2024	Susana Pimiento - Language Access Austin			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1,400.53	PO Box 92334			
Expenditure from corporate funds	Austin, TX 78709			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	n	
OF EXPENDITURE	Consulting Expense	Check if	travel outside of Texas. Complete Schedule T.	
LA LINDITORL		☐ Check if Translati	Austin, TX, officeholder living expense	
		Hansian	on	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		9	Office field	
Date	Payee name			
06/14/2024	Venmo			
Amount (\$)	Payee address; City; State; Zip Co	ndo.		
\$293.25	117 Barrow Street	ue		
Ψ293.23	117 Barrow Street			
Expenditure from corporate funds	New York, NY 10014			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
			n Transcripts	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
05/09/2024	Venmo			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$90.00	117 Barrow Street			
Expenditure from corporate funds	New York, NY 10014			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
OF EXPENDITURE	Fees	Check if	travel outside of Texas. Complete Schedule T.	
LAFENDITORE			Austin, TX, officeholder living expense	
		Researci	n Transcripts	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		grit	Office field	

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 Salaries (Contract Labor,

Contributions/ Donations Made By Candidate/Officeholder/Political 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: 19/19 Rpt: 26/26	Equity Action 00085718
4 Date	5 Payee name
04/03/2024	Venmo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$492.50	117 Barrow Street
Expenditure from corporate funds	New York, NY 10014
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Research Transcripts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held