## GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00055548				n Filers)	2 Total pa	2 Total pages filed: 29		
3	COMMITTEE NAME					OFF	ICE US	E ONLY
	North Dallas Texas	s Democratic Women				Date Received		
						ELECTRO		Y FILED
						07/15/202		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	TY;	STATE;	ZIP CODE	-		
	ADDRESS	17201 Hidden Glen Drive				Date Hand-del	ivorod or Da	to Rostmarkod
						Dale Hanu-uer	ivered of Da	le Postillarkeu
	Change of Address	Dallas, TX 75248				Receipt #	/	Amount
						Date Processe	d	
						Date Imaged		
5	CAMPAIGN	MS / MRS / MR FIRST				MI		
	TREASURER NAME	Ms. Lenna						
		NICKNAME LAST				SUFFIX		
		Webb						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)		APT / S	SUITE #; CITY;		STATE	; ZIP CODE
	TREASURER STREET	17201 Hidden Glen Drive						
	ADDRESS							
	(Residence or Business)	Dallas, TX 75248						
7	CAMPAIGN	STREET OR PO BOX;		APT	/ SUITE #; CITY	,	STAT	E; ZIP CODE
	TREASURER MAILING	17201 Hidden Glen Drive						
	ADDRESS							
	Change of Address	Dallas, TX 75248						
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION				
	TREASURER PHONE	(972) 732-7712						
9	REPORT TYPE	January 15	80th	day before election		Dissolution	n (Attach P	AC-DR)
			8th d	ay before election	Г			aign treasurer
		X July 15	Runc	ff		termination	1	
10	PERIOD COVERED	Month Day Year	-U-D-	OUGH	Month Day	Year		
		01/01/2024	пК	0001	06/30/202	4		
11	ELECTION	ELECTION DATE			ELECTION TYPE			
		Month Day Year	Prin	ary	Runoff	Other		
		11/05/2024	Gen	eral	Special			
	GO TO PAGE 2							
Foi	rms provided by Tex	xas Ethics Commission www.e	ethio	cs.state.tx.us			Version V	V4.1.0.d378aba0

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
North Dallas Texas Den	nocratic Women		000555	548
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		
		A Supported		
	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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	3,870.00
		DGES, LOANS, OR GUARANTEES OF LOANS)		5,070.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	225.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	360.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Len	na Webb	
		Signature of Car	mpaign Tre	asurer
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 adr	ninistering oath	Printed name of officer administering oath	Title of	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

# FORM GPAC COVER SHEET PG 3

3 of 29

17 COMMITTE	(Ethics Commission Filers)		
North Dall			
19 SCHEDUL	SUBTOTAL AMOUNT		
NAME OF	SCHEDULE		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 3,870.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC 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 CONTRIBUTION	5	<b>\$</b> 225.00
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	DNS	<b>\$</b> 2,933.16
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

**SUBTOTALS - GPAC** 

The Instr	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/29
2 FILER NAM	 IE		<b>3</b> Filer ID (Ethics Commission Filers)
	as Texas Democratic Women		00055548
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
02/01/2024			\$45
	6 Contributor address; City; State; Zip Code		
	Farmers Branch, TX 75234		
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions)	)
retired	, , , , , , , , , , , , , , , , , , ,	none	,
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
01/13/2024		·/	\$45
01, 10, 10			
	DALLAS, TX 75248		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/10/2024			\$45
	Contributor address; City; State; Zip Code		
	Longview, TX 75601		
-	cupation / Job title (See Instructions)	Employer (See Instructions)	)
retired		none	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
01/18/2024	4 Berman, Marcy (Ms.)		\$45
	Contributor address; City; State; Zip Code		
	Addison, TX 75001		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	)
attorney		self employed	)
			Amount of Contribution (¢)
Date 02/11/2024	Full name of contributor out-of-state PAC (ID#: Bogart, Billie	:)	Amount of Contribution (\$) \$45
02/11/202-			ψ <del>τ</del> υ
	Contributor address; City; State; Zip Code		
	Richardson, TX 75042		
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions)	)
CFO		SkyWire Design	, ,

The Instru	ction Guide explains how to complete this f	form	1 Total pages Schedule A1:
	· ·	om.	Sch: 2/12 Rpt: 5/29
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Texas Democratic Women		00055548
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
01/13/2024	Book, Robert		\$125.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75240		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	š)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/01/2024	Brumley, Nancy		\$45.00
	Contributor address; City; State; Zip Code		1
	Richardson, TX 75081-5846		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	"
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/28/2024	Byars, Amanda	/	\$45.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Piano Teach	ier	Self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/02/2024	Camin, Linda		\$45.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75248-1707		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
01/02/2024	Chartove, Bruce		\$45.00
	Contributor address; City; State; Zip Code		1
Dringinal occu	Dallas, TX 75206	Employer (See Instructions	
Architect	ipation / Job title (See Instructions)	Employer (See Instructions Self	3)
Alchicor			

The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/29	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Democratic Women				00055548	
4 Date	5 Full name of contributor out-of-state PAG	AC (ID#:	)	7	Amount of Contribution (\$)	
01/13/2024	Chizeck, Susan					\$130.00
ľ	6 Contributor address; City; State; Zip Code					
	Dallas, TX 75254					
	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
Retired			Retired			
Date	Full name of contributor out-of-state PAG	AC (ID#:	)		Amount of Contribution (\$)	
01/13/2024	Coats, Sam					\$75.00
	Contributor address; City; State; Zip Code					
	Dallas, TX 75230					
	pation / Job title (See Instructions)		Employer (See Instructions	)		
Retired			Retired			
Date	Full name of contributor 🔲 out-of-state PAG	AC (ID#:	)		Amount of Contribution (\$)	
06/22/2024	Cohen, Carol					\$45.00
ľ	Contributor address; City; State; Zip Code					
	Dallas, TX 75230					
	pation / Job title (See Instructions)		Employer (See Instructions	)		
retired			retired			
Date	Full name of contributor out-of-state PAG	AC (ID#:	)		Amount of Contribution (\$)	
02/16/2024	Donovan, Carol					\$130.00
	Contributor address; City; State; Zip Code					
Dringinglassur	Dallas, TX 75214					
	bation / Job title (See Instructions)		Employer (See Instructions Carol Crabtree Donovar			
Attorney-Med				I, F		
Date	Full name of contributor out-of-state PAG	AC (ID#:	)		Amount of Contribution (\$)	±00.00
04/04/2024	Frizell, Elizabeth					\$80.00
	Contributor address; City; State; Zip Code					
	Dollag TV 75240					
	Dallas, TX 75249					
	pation / Job title (See Instructions)		Employer (See Instructions	)		
Attorney			Burt Barr & Assoc.			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
North Dallas	s Texas Democratic Women		00055548
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
04/01/2024	Garcia, Catalina (Dr.)		\$50.00
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75230		
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/13/2024	Garcia, Dennise (The Honorable)		\$130.00
	Contributor address; City; State; Zip Code		1
Dringing Loop	Dallas, TX 75214		Į
	upation / Job title (See Instructions) Court of Appeals	Employer (See Instructions State of Texas	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/03/2024	Griggs, David		\$45.00
	Contributor address; City; State; Zip Code		
	Farmers Branch, TX 75234		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
attorney		Law Offices of Wendell	·
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
02/01/2024	Griswold , Gail	,	\$75.00
	Contributor address; City; State; Zip Code		•
	Dallas, TX 75225		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	) )
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/01/2024	Gross, Elaina		\$45.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75225		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	

	The Instru	ction Guide explains how to complete the	his for	m.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/29	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		s Texas Democratic Women				00055548	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:	)	7	Amount of Contribution (\$)	
	06/28/2024	Heller, Paul					\$125.00
	I	6 Contributor address; City; State; Zip Code					
	I						
	I						
		Dallas, TX 75244					
8		upation / Job title (See Instructions)	9	Employer (See Instructions	3)		
	Retired			Retired			
	Date	Full name of contributor out-of-state PAC	C (ID#:	)	Γ	Amount of Contribution (\$)	
	01/10/2024	Hoffman, Jane					\$125.00
	I				ł		
	I						
	I						
	I	Dallas, TX 75225					
┢──	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	retired			retired	''		
╞					_		
	Date	Full name of contributor out-of-state PAC	; (ID#:	)		Amount of Contribution (\$)	÷ 45 00
	01/13/2024	Huddleston, Lisa					\$45.00
	I	Contributor address; City; State; Zip Code					
	I						
	I						
		Addison, TX 75001					
		upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Occupancy F	Planner		JLL			
Γ	Date	Full name of contributor out-of-state PAC	; (ID#:	)	Γ	Amount of Contribution (\$)	
	02/26/2024	Hughes, Crystal					\$45.00
	1	Contributor address; City; State; Zip Code			1		
	I						
	I						
		Dallas, TX 75243					
Γ	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired			Retired			
╞	Date	Full name of contributor out-of-state PAC	. (ID#:	)	Γ	Amount of Contribution (\$)	
	01/13/2024	Hytken, Louise				· · ·	\$45.00
		Contributor address; City; State; Zip Code			ł		•
	I						
	I						
	I	Dallas, TX 75248					
┝	Drincinal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u>		
	Retired			None	5)		
L	Relifeu			None			

	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/29	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Texas Democratic Women				00055548	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:	)	7	Amount of Contribution (\$)	
	01/16/2024	Jablonski, Carol					\$125.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75248					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Retired			Retired			
╞	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	01/02/2024	Jacks, Judy					\$45.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75206					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired						
╞	Date	Full name of contributor out-of-state PAC	C (ID# <sup>.</sup>	)		Amount of Contribution (\$)	
	01/02/2024	Johnson, Arlene (Ms.)		/		/	\$45.00
	01/01/101	Contributor address; City; State; Zip Code					+ 10100
		Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired			None			
⊨	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	01/10/2024	Johnston, Hara					\$45.00
		Contributor address; City; State; Zip Code					
		Frisco, TX 75033					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired						
	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	02/02/2024	Kent, Jean					\$45.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75230					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
$\vdash$			I				

The Instrue	ction Guide explains how to complete this f	orm.		l pages Schedule A1: : 7/12 Rpt: 10/29	
2 FILER NAME			3 Filer	ID (Ethics Commission	ı Filers)
North Dallas	Texas Democratic Women		0005	55548	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amo	unt of Contribution (\$)	
01/17/2024	Kogutt, Jeffrey (Mr.)				\$45.00
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75203				
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	 ;)		
retired		none	,		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amo	unt of Contribution (\$)	
03/24/2024	Love, Linda (Ms.)	/	7		\$45.00
00/2					<b></b>
	Culturbutor audress, City, State, Lip Cour				
'					
/	Dallas, TX 75229				
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> ;)		
Retired		None			
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amo	unt of Contribution (\$)	
03/12/2024	Love, Steven (Mr.)				\$45.00
	Contributor address; City; State; Zip Code				·
'	Dallas, TX 75229				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
retired		none			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amo	unt of Contribution (\$)	
02/02/2024	Luebke, Carol Ann (Ms.)				\$45.00
'	Contributor address; City; State; Zip Code				
'					
'					
!	Dallas, TX 75243				
	pation / Job title (See Instructions)	Employer (See Instructions	;)		
retired		none			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amo	unt of Contribution (\$)	
04/01/2024	Mann, Denette				\$45.00
'	Contributor address; City; State; Zip Code				
'					
'					
	Dallas, TX 75229	,			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
Psychothera	.pist	Self			

			1 Tatal Range Caledula A1	
The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/29	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
North Dallas	Texas Democratic Women		00055548	
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)	
02/02/2024	Marple, Lynn		9	\$45.00
	6 Contributor address; City; State; Zip Code			
	Richardson, TX 75080			
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
retired				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
02/02/2024	Martin, Savannah		9	\$45.00
	Contributor address; City; State; Zip Code		•	
	Farmers Branch, TX 75234			
	pation / Job title (See Instructions)	Employer (See Instructions	6)	
Financial An	alyst	Raytheon		
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
05/18/2024	Martin-Lane, Andrea (Judge)		9	\$30.00
	Contributor address; City; State; Zip Code			
	Farmers Branch, TX 75234			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Judge		Dallas County		
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
01/13/2024	Medrano, Pauline		9	\$45.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75219	<u> </u>		
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
County Trea	surer	Dallas County		
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
02/02/2024	Mettam, Tiffany (Ms.)		9	\$45.00
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081-3225			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Social Media	l	Self		
		· · · · · · · · · · · · · · · · · · ·		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/29
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Texas Democratic Women		00055548
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
01/02/2024	Montgomery, Sally (Judge)		\$125.00
	6 Contributor address; City; State; Zip Code		1
<u> </u>	Dallas, TX 75234		l
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Judge		Dallas County	
Date		:)	Amount of Contribution (\$)
05/28/2024			\$250.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75234		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Judge		Dallas County	5)
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
01/02/2024	Naxon, Jan (Ms.)	:)	\$45.00
01/02/2024	Contributor address; City; State; Zip Code		φ+0.00
	Dallas, TX 75230		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
photographe	er	self	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
06/24/2024	O'Casy, Ian		\$100.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75240		
	pation / Job title (See Instructions)	Employer (See Instructions	
VP		U.S. Retirement & Bene	
Date	Full name of contributor Out-of-state PAC (ID#	:)	Amount of Contribution (\$)
01/02/2024	Oviatt, Susan		\$45.00
	Contributor address; City; State; Zip Code		
	Richardson, TX 75080		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)
real estate b		self employed	-,

			-	
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/29	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	n Filers)
	Texas Democratic Women		00055548	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
02/02/2024	Parker, Tonya (Judge)			\$75.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75222			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
judge		Dallas County		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/02/2024	Ralli Lalangas , Donna			\$45.00
				<b>-</b>
	Dallas, TX 75244			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Attorney		Baylor Scott White Heal	lth	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/02/2024	Rodriguez, Carol (Ms.)		• •	\$45.00
	Contributor address; City; State; Zip Code			-
	Richardson, TX 75081			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Language Pr	rofessor	Pan-Americano		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/04/2024	Scudder, Kendall			\$100.00
	Contributor address; City; State; Zip Code		•	
	Dallas, TX 75214			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Political Con	sultant	Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/03/2024	Sherman, Heather			\$130.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Accountant		Anonymous		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/29	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
·		Texas Democratic Women		-	00055548	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/21/2024	Shuttee, Anne (Ms.)				\$45.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75214	1			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	attorney		self employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	01/13/2024	Smith, Craig (Judge)				\$75.00
		Contributor address; City; State; Zip Code	1	1		
		Dallas, TX 75202	1			
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Judge		State of Texas	_		
	Date		)	T	Amount of Contribution (\$)	
	02/02/2024	Stephens, Deborah		]		\$45.00
		Contributor address; City; State; Zip Code		]		
	<b>D</b> 1 - 200 - 1 - 0.000	Richardson, TX 75081		ŕ		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	· == 00
	01/13/2024	Stevenson, Mary Jane				\$75.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75234				
	Dringing occu		Employer (See Instructions	$\overline{\Gamma}$		
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<u>ተ 4</u> ር 00
	01/21/2024	Stewart, Carrie				\$45.00
		Contributor address; City; State; Zip Code				
		Rockwall, TX 75078				
┝	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	$\frac{1}{2}$		
	Librarian		Garland ISD	5)		
⊢			Gananu iob			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/12 Rpt: 15/29	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
[		Texas Democratic Women		ľ	00055548	1 11010)
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	01/21/2024					\$75.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75248				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	psychothera	pist	self employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/22/2024	Walters, Barbara (Ms.)				\$45.00
				1		
		Dallas, TX 75252				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		none	,		
╞				Г	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢45.00
	02/02/2024					\$45.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
1						
1						
1						
1						
1						

## SCHEDULE F1

Event Expense Fees Food/Beverage Expense by - Gftf/Awards/Memorials Expense al Committee Legal Services	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)
	2	Filer ID (Ethics Commission Filers)
		00055548
5 Deves name		
Dallas County Democratic Party		
7 Pavee address: City: State:	Zip Code	
1414 N. Washington Ave		
Dallas, TX 75204		
(a) Category (See Categories listed at the top of this sch Advertising Expense	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense
Candidate/Officeholder name C	Office sought	Office held
Pavee name		
Payee address; City; State; PO Box 140981	Zip Code	
Dallas, TX 75214		
(a) Category (See Categories listed at the top of this sch Advertising Expense	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense ON Program
Candidate/Officeholder name C DH	Dffice sought	Office held
DH	Event Expense Fees Gold/Beverage Expense Citt/Awards/Memorials Expense Legal Services The Instruction Guide explains <b>2</b> FILER NAME North Dallas Texas Democratic Wome <b>5</b> Payee name Dallas County Democratic Party <b>7</b> Payee address; City; State; 1414 N. Washington Ave Dallas, TX 75204 <b>(a)</b> Category (See Categories listed at the top of this sch Advertising Expense Candidate/Officeholder name TX32 Democratic Convention Payee name TX32 Democratic Convention Payee address; City; State; PO Box 140981 Dallas, TX 75214 <b>(a)</b> Category (See Categories listed at the top of this sch Advertising Expense	Fees Committee   Committee Gitt/Awards/Memorials Expense   Gitt/Awards/Memorials Expense Polling Expense   Salaries/Wages/Contract Labor     The Instruction Guide explains how to complete this form.     2   FILER NAME   North Dallas Texas Democratic Women     5   Payee name   Dallas, County Democratic Party     7   Payee address;   City;   State;   Zip Code   1414 N. Washington Ave   Dallas, TX 75204     (a) Category   Candidate/Officeholder name   Dallas, TX 75214     (a) Category   Payee name   TX32 Democratic Convention   Payee address;   City;   State;   Zip Code   Payee address;   City;   State;   Zip Code   Advertising Expense     Payee name   TX32 Democratic Convention   Payee address;   City;   State;   Zip Code   PO Box 140981   Dallas, TX 75214     (a) Category   (see Categories listed at the top of this schedule)   Advertising Expense     (b) Description   Check if avel ou   Check if avel o

	The Instruction Guide explains how to	
Total pages Schedule I: Sch: 1/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
Date 06/17/2024	5 Payee name Adobe	
Amount (\$) 32.46 Expenditure from	7 Payee Address; City; State; Zip 345 Park Ave	
corporate funds PURPOSE OF EXPENDITURE	San Jose, CA 95110-2704 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Stock Images Subscription
Date 05/14/2024	Payee name Adobe	
Amount (\$) 42.46 Expenditure from corporate funds	Payee Address; City; State; Zip 345 Park Ave San Jose, CA 95110-2704	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Stock Images Subscription
Date	Payee name	
05/06/2024 Amount (\$) 2.99 Expenditure from corporate funds	Apple Payee Address; City; State; Zip 2024 One Apple Park Way, Cupertino, CA 950 Cupertino, CA 95014	14
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Icloud Storage
Date 06/20/2024	Payee name Apple	
Amount (\$)	Payee Address; City; State; Zip 2024 One Apple Park Way, Cupertino, CA 950 Cupertino, CA 95014	14
7.57 Expenditure from corporate funds		

Total pages Schedule I: Sch: 2/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women		3 Filer ID (Ethics Commission Filers) 00055548
Date 03/22/2024	5 Payee name Apple		
Amount (\$) 10.81 Expenditure from	<ul> <li>Payee Address; City; State; Zip</li> <li>2024 One Apple Park Way, Cupertino, CA 950</li> <li>Cupertino, CA 95014</li> </ul>	14	
Corporate funds PURPOSE OF EXPENDITURE		(b) Description Fees	(See instructions regarding type of information required.
Date 03/27/2024	Payee name Apple	<u> </u>	
Amount (\$) 5.40 Expenditure from	Payee Address; City; State; Zip 2024 One Apple Park Way, Cupertino, CA 950	14	
corporate funds PURPOSE OF EXPENDITURE	Cupertino, CA 95014 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description Fees	(See instructions regarding type of information required.
Date 01/08/2024	Payee name Apple	1	
Amount (\$) 2.99 Expenditure from corporate funds	Payee Address; City; State; Zip 2024 One Apple Park Way, Cupertino, CA 950 Cupertino, CA 95014	14	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description Fees	(See instructions regarding type of information required.
Date	Payee name		
02/21/2024 Amount (\$) 108.24 Expenditure from corporate funds	Avast Payee Address; City; State; Zip 2625 Broadway Redwood City, CA 94063-1532		
PURPOSE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description Software	(See instructions regarding type of information required.

_		The Instruction Guide explains how to	o complete this form.
	Total pages Schedule I: Sch: 3/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
	Date 02/02/2024	5 Payee name Avast BreachGuard	
	Amount (\$) 50.53 Expenditure from	7 Payee Address; City; State; Zip 2625 Broadway	
	corporate funds	Redwood City, CA 94063-1532	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Computer Software
	Date	Payee name	I
	01/26/2024	Benchmark Email	
	Amount (\$) 642.60	Payee Address; City; State; Zip 10621 Calle Lee Building #141	
-	Expenditure from corporate funds	Los Alamitos, CA 90720	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Communications Program
	Date	Payee name	
	02/26/2024	CBI Cyberlink	
	Amount (\$) 59.53	Payee Address;City; State; Zip1150 S Olive ST	
	Expenditure from corporate funds	Los Angeles, CA 90015	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Video EDiting
	Date	Pavee name	
	Date 06/17/2024	Payee name Carbonite	
	06/17/2024 Amount (\$)		
	06/17/2024	Carbonite Payee Address; City; State; Zip	

		The Instruction Guide explains how to	complete this form.
	tal pages Schedule I: ch: 4/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
Da 05	nte 5/16/2024	5 Payee name Carbonite	
⊐ E×	nount (\$) 11.45 spenditure from	<ul> <li>Payee Address; City; State; Zip</li> <li>2 Ave. de Lafayette</li> <li>Boston, MA 02111</li> </ul>	
	rporate funds PURPOSE OF KPENDITURE		(b) Description (See instructions regarding type of information required.) Computer Backup
Da 04	tte ./16/2024	Payee name Carbonite	
ק E×	nount (\$) 11.45 spenditure from	Payee Address; City; State; Zip 2 Ave. de Lafayette	
	rporate funds PURPOSE OF KPENDITURE	Boston, MA 02111 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required., Computer Backup
Da 03	ite 1/18/2024	Payee name Carbonite	
- Е×	nount (\$) 11.45 spenditure from rporate funds	Payee Address; City; State; Zip 2 Ave. de Lafayette Boston, MA 02111	
	PURPOSE OF KPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Computer Backup
Da 01	nte /16/2024	Payee name Carbonite	
	nount (\$)	Payee Address; City; State; Zip 2 Ave. de Lafayette	
	11.45		
ק E×	11.45 penditure from rporate funds	Boston, MA 02111 (a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

Total pages Schedule I: Sch: 5/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers 00055548
Date 01/02/2024	5 Payee name Facebook	·
Amount (\$) 32.94 Expenditure from	7 Payee Address; City; State; Zip 1601 Willow Rd	
Corporate funds PURPOSE OF EXPENDITURE	Menlo Park, CA 94025 (a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required. Boosting Post
Date 01/23/2024	Payee name Formswift.com	
Amount (\$) 1.95 , Expenditure from	Payee Address; City; State; Zip 1800 Owens Street	
Corporate funds PURPOSE OF EXPENDITURE	San Francisco, CA 94158 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. W-2 Form
Date 04/15/2024	Payee name Go Daddy	
Amount (\$) 38.25 Expenditure from corporate funds	Payee Address; City; State; Zip 14455 M Jaudem Rd #226 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Essentials website backup
Date 02/10/2024	Payee name Go Daddy	
Amount (\$) 51.04 Expenditure from	Payee Address; City; State; Zip 14455 M Jaudem Rd #226	
corporate funds PURPOSE OF EXPENDITURE	Scottsdale, AZ 85260 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Website Search Engine
	1	

Office Overhead/Rental Expense       Google GSuite Subsciption         Date       Payee name         05/02/2024       Google         Amount (\$)       Payee Address; City: State; Zip         1600 Amphitheatre Parkway       Isopartic form         purpose       Google         Amount (\$)       Payee Address; City: State; Zip         1500 Amphitheatre Parkway       Isopartic form         purpose       Google         Office Overhead/Rental Expense       (b) Description         Sector of the Address; City: State; Zip       Gougle         Date       Office Overhead/Rental Expense         Office Overhead/Rental Expense       Gougle         Date       Payee name         04/01/2024       Google         Amount (\$)       Payee Address; City: State; Zip         6.87       1600 Amphitheatre Parkway         Expenditure from       Mountain View, CA 94043         Purpose       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requeres)         Office Overhead/Rental Expense       Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information requeres)         Date       Ogogle       Amount (\$)       Payee Address	Total pages Schedule I: Sch: 6/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
7.68       1600 Amphitheatre Parkway         Image: Ima			
corporate funds       Mountain View, CA 94043         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information required Google GSuite Subsciption         Date       Payee name       Google       Google GSuite Subsciption       Google GSuite Subsciption         Amount (\$)       Payee Address;       City; State; Zip       Information required Google GSuite Subsciption         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Google         Date       Payee name       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Google         Date       Payee name       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Google         Amount (\$)       Payee Address;       City; State; Zip       (b) Description       (See instructions regarding type of information required G-Suite Subscription         OF       Google       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required G-Suite Subscription         Date       Payee name	7.68		
OF EXPENDITURE     Office Overhead/Rental Expense     Google GSuite Subsciption       Date     Payee name       05/02/2024     Google       Amount (\$)     Payee Address; City: State; Zip       7.68     1600 Amphitheatre Parkway       Expenditure from     Mountain View, CA 94043       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description       Office Overhead/Rental Expense     (See instructions regarding type of information requered)       Office Overhead/Rental Expense     (See instructions regarding type of information requered)       Oate     Payee name       04/01/2024     Google       Amount (\$)     Payee Address; City; State; Zip       6.87     1600 Amphitheatre Parkway       forporate funds     Mountain View, CA 94043       PURPOSE     (a) Category (See instructions for examples of acceptable categories)       Office Overhead/Rental Expense     (b) Description       Ges     (a) Category (See instructions for examples of acceptable categories)       Office Overhead/Rental Expense     (b) Description       Office Overhead/Rental Expense     (b) Description       Office Overhead/Rental Expense     (b) Description       Oate     Payee name       03/01/2024     Google       6.40     1600 Amphitheatre Parkway       6.40		· · · · · · · · · · · · · · · · · · ·	
05/02/2024     Google       Amount (\$)     Payee Address; City; State; Zip 1600 Amphitheatre Parkway       7.68     1600 Amphitheatre Parkway       Dependiture from corporate funds     Mountain View, CA 94043       PURPOSE of EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense     (b) Description (See instructions regarding type of information requ Gsuite Subscription       Date 04/01/2024     Payee name 6.87     1600 Amphitheatre Parkway       1corporate funds corporate funds     Mountain View, CA 94043       PURPOSE of EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) (b) Description     (See instructions regarding type of information requ Gsuite Subscription       Date of EXPENDITURE     Payee name (A) Category (See instructions for examples of acceptable categories) (b) Description     (See instructions regarding type of information requ G-Suite Subscription       Date of EXPENDITURE     Payee name (Google     (See instructions regarding type of information requ Google       Date of Expenditure from (6.40)     Payee Address; City; State; Zip 1600 Amphitheatre Parkway       6.40     Payee Address;	OF		
Amount (\$)       Payee Address;       City; State; Zip         1600 Amphitheatre Parkway       1600 Amphitheatre Parkway         Deprorate funds       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requered of acceptable categories)         Date       Payee name       Google       Suite Subscription         Amount (\$)       Payee Address;       City; State; Zip       Google         Amount (\$)       Payee Address;       City; State; Zip       Google         Amount (\$)       Payee Address;       City; State; Zip       Google         Amount (\$)       Payee name       Google       Google         Amount (\$)       Payee Address;       City; State; Zip       Google         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       Gee instructions regarding type of information requered of Google         Date       Office Overhead/Rental Expense       (b) Description       Gee instructions regarding type of information requered of Google         Date       Office Overhead/Rental Expense       Office Overhead/Rental Expense       (b) Description       Gee instructions regarding type of information requered of Google         Amount (\$)       Payee	Date	Payee name	
7.68       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information requestion of acceptable categories)         Date       Payee name       Google         Amount (\$)       Payee Address;       City; State; Zip         1600 Amphitheatre Parkway       Google         PURPOSE Expenditure from Corporate funds       (a) Category (See instructions for examples of acceptable categories)       (b) Description         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description         Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information request Office Overhead/Rental Expense         Date OF EXPENDITURE       Payee name Google       Google       (b) Description       (See instructions regarding type of information request Google         Amount (\$)       Payee Address;       City; State; Zip       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information request Google         Amount (\$)       Payee Address;       City; State; Zip       (Soogle       (Soogle       (Soogle <t< td=""><td>05/02/2024</td><td>Google</td><td></td></t<>	05/02/2024	Google	
Joroporate funds       Mountain View, CA 94043         PURPOSE oF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information requ Gsuite Subscription         Date       Payee name       Google       Goo			
OF EXPENDITURE       Office Overhead/Rental Expense       Gsuite Subscription         Date       Payee name       Od/01/2024         04/01/2024       Google       Amount (\$)       Payee Address;       City; State; Zip         6.87       1600 Amphitheatre Parkway       Expenditure from       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requered of the categories)         Date       Payee name       Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information requered of the categories)         Date       Payee name       Office Overhead/Rental Expense       G-Suite Subscription         Date       Payee name       Ogogle       Google         Amount (\$)       Payee Address;       City; State; Zip       Google         Amount (\$)       Payee Address;       City; State; Zip       G.40         1600 Amphitheatre Parkway       Google       Mountain View, CA 94043       (See instructions regarding type of information requered or payee for the categories)         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requered or payee for the categories)       (b) Description       (	1 1	Mountain View, CA 94043	
04/01/2024       Google         Amount (\$)       Payee Address; City; State; Zip         6.87       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requined of acceptable categories)         Date 03/01/2024       Payee name Google       Google         Amount (\$)       Payee Address; City; State; Zip 1600 Amphitheatre Parkway         6.40       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information requined of acceptable categories)         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information requined of acceptable categories)         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requined of acceptable categories)	OF		
Amount (\$)       Payee Address;       City; State; Zip         6.87       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requ G-Suite Subscription         Date 03/01/2024       Payee name Gogle       Google         Amount (\$)       Payee Address; City; State; Zip 1600 Amphitheatre Parkway         6.40       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information requ	Date	Payee name	
6.87       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requ G-Suite Subscription         Date       Payee name         03/01/2024       Google         Amount (\$)       Payee Address; City; State; Zip         6.40       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information required informatin trequired information required information required in	04/01/2024	Google	
Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requ G-Suite Subscription         Date       Payee name         03/01/2024       Google         Amount (\$)       Payee Address; City; State; Zip         6.40       1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information required)	Amount (\$)	Payee Address; City; State; Zip	
corporate funds       Mountain View, CA 94043         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description (See instructions regarding type of information requ G-Suite Subscription         Date 03/01/2024       Payee name Google       Google         Amount (\$)       Payee Address; City; State; Zip 1600 Amphitheatre Parkway         Expenditure from corporate funds       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information requ	6.87	1600 Amphitheatre Parkway	
PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense       (b) Description       (See instructions regarding type of information required G-Suite Subscription         Date       Payee name       Google       Google         Amount (\$)       Payee Address;       City; State; Zip       1600 Amphitheatre Parkway		Mountain View, CA 94043	
03/01/2024     Google       Amount (\$)     Payee Address; City; State; Zip 1600 Amphitheatre Parkway       6.40     1600 Amphitheatre Parkway       Expenditure from corporate funds     Mountain View, CA 94043       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information required)	PURPOSE OF		•
03/01/2024     Google       Amount (\$)     Payee Address; City; State; Zip       6.40     1600 Amphitheatre Parkway       Expenditure from corporate funds     Mountain View, CA 94043       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information required)	Date	Pavee name	
6.40     1600 Amphitheatre Parkway       Expenditure from corporate funds     Mountain View, CA 94043       PURPOSE     (a) Category (See instructions for examples of acceptable categories)       (b) Description     (See instructions regarding type of information required)			
Expenditure from corporate funds     Mountain View, CA 94043       PURPOSE     (a) Category (See instructions for examples of acceptable categories)       (b) Description     (See instructions regarding type of information required)	Amount (\$)	Payee Address; City; State; Zip	
Corporate funds       Mountain View, CA 94043         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required)	6.40	1600 Amphitheatre Parkway	
PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required)		Mountain View, CA 94942	
	•	· ·	(b) Departmention (See instructions reparding time of information required)
EXPENDITURE	OF	Office Overhead/Rental Expense	G-Suite Subscription

	The Instruction Guide explains how to	
Total pages Schedule Sch: 7/13 Rpt:	E 2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
Date 02/01/2024	5 Payee name Google	
Amount (\$) 6.40 Expenditure from	7 Payee Address; City; State; Zip 1600 Amphitheatre Parkway	
Corporate funds PURPOSE OF EXPENDITURE	Mountain View, CA 94043 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<ul> <li>(b) Description (See instructions regarding type of information required.)</li> <li>G-Suite Subscription</li> </ul>
Date 01/02/2024	Payee name Google	<u> </u>
Amount (\$) 6.40 Expenditure from	Payee Address; City; State; Zip 1600 Amphitheatre Parkway	
corporate funds PURPOSE OF EXPENDITURE	Mountain View, CA 94043 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) G-Suite Subscription
Date 03/19/2024	Payee name Jotform	•
Amount (\$) 415.74 Expenditure from corporate funds	Payee Address; City; State; Zip 4 Embarcadero Center Suite 780 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	) (b) Description (See instructions regarding type of information required.) On-line contributions program
Date 01/02/2024	Payee name Jotform	<u> </u>
Amount (\$) 505.44 Expenditure from corporate funds	Payee Address; City; State; Zip 4 Embarcadero Center Suite 780 San Francisco, CA 94111	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	) (b) Description (See instructions regarding type of information required.) On-line Contribution program

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/13 Rpt:	North Dallas Texas Democratic Women	00055548
Date	5 Payee name	·
01/07/2024	Pay Pal, Inc	
Amount (\$)	7 Payee Address; City; State; Zip	
5.52	2211 N First	
- Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE OF		(b) Description (See instructions regarding type of information required.
EXPENDITURE	Fees	Transaction Fees
Date	Payee name	
01/14/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
	2211 N First	
11.31		
Expenditure from corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Fees	Credit Card Processing Fee
EXPENDITORE		
Date	Payee name	
01/21/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
8.71	2211 N First	
Expenditure from		
_ corporate funds	San Joe, CA 95131	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Credit Card Processing Fee
EXPENDITURE		Credit Card Frocessing Fee
Date	Payee name	
02/03/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
7.18	2211 N First	
7.18 — Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	
OF EXPENDITURE	Fees	Credit Card Processing Fee

2.06     2211 N First       Expenditure from corporate tunds     San Joe, CA 95131       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description Credit Card Processing Fee       Date 02/26/2024     Payee name Payee Address; Cliy; State; Zlp 2.06     Cliy; State; Zlp 2.01 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information regar Credit Card Processing Fee       Date 03/28/2024     Payee name Payee name 92/28/2024     Payee name Payee name Payee name 92/28/2024     (b) Description (See instructions regarding type of information regar Credit Card Processing Fee       Date 03/28/2024     Pay Pal, Inc       Amount (S) corporate funds     Payee name Payee Address; San Joe, CA 95131       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)       Date 04/03/2024     Payee name Payee name Payee name       04/03/2024     Payee name Pay Pal, Inc       Amount (S) Expenditure from corporate funds     Payee name Payee Address; San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)       (b) Description Credit Card Processing Fee	Sch: 9/13 Rpt:       North Dallas Texas Democratic Women       00055548         Date       5       Payee name         Q211/2024       Pay Pal, Inc         Amount (6)       7       Payee Address;       City: State; Zip         2.06       2211 N First       San Joe, CA 95131         Purpose       (a) Category (See instructions for examples of acceptable categories)       (b) Description       Gee instructions regarding type of information regardi	Sch: 9/13 Rpt: Date 02/11/2024 Amount (\$)	North Dallas Texas Democratic Women	00055548
02/11/2024     Pay Pal, Inc       Amount (\$)     7     Payee Address;     City; State; Zip       2.06     2211 N First       Expenditure from Corporate funds     San Joe, CA 95131       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required categories)       Date 02/26/2024     Payee name 2.06     Payee Address;     City; State; Zip       2.06     2211 N First     City; State; Zip       2.06     2211 N First     Expenditure from corporate funds     San Joe, CA 95131       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information require Credit Card Processing Fee       Date 03/28/2024     Payee name Payee address;     City; State; Zip     Credit Card Processing Fee       Date 03/28/2024     Paye Pal, Inc     City; State; Zip     Credit Card Processing Fee       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information require Credit Card Processing Fee       Date 04/03/2024     Paye Pal, Inc     Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information require Credit Card Processing Fee       Date 04/03/2024	02/11/2024     Pay Pal, Inc       Amount (\$)     7     Payee Address;     City: State; Zip       2.06     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF EXPENDITURE     (a) Category (see instructions for oxamples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit Card Processing Fee       Date     Payee name     Payee Address;     City: State; Zip       2.06     2211 N First     Expenditure from       Coporate funds     San Joe, CA 95131     (b) Description     (See instructors regarding type of information required Credit Card Processing Fee       PURPOSE OF Expenditure from corporate funds     (a) Category (See instructors for oxamples of acceptable categories)     (b) Description     (See instructors regarding type of information required Credit Card Processing Fee       Date     Payee name     Payee name     O328/2024     Pay Pal, Inc       Amount (\$)     Payee Address;     City; State; Zip     Credit Card Processing Fee       03/28/2024     Payee Address;     City; State; Zip     Credit Card Processing Fee       03/28/2024     Payee name     (b) Description     (See instructors regarding type of information required Credit Card Processing Fee       04/03/2024     Payee name     (b) Description     (See instructors regarding type of information required Credit Card Processing Fee	02/11/2024 Amount (\$)	5 Pavee name	
Amount (\$)       7       Payee Address; 2.06       City; State; Zip 2211 N First         Expenditure from Corporate funds       San Joe, CA 95131       (b) Description       (See instructions regurding type of information require Credit Card Processing Fee         Date 02/26/2024       Payee name 2.06       Payee Address; 2.06       City; State; Zip 2.06       City; State; Zip 2.06       City; State; Zip 2.06       City; State; Zip 2.06         Expenditure from Corporate funds       San Joe, CA 95131       (b) Description       Gen instructions regarding type of information require Credit Card Processing Fee         PURPOSE Expenditure from Corporate funds       Ga Category (See instructions for examples of acceptable categories)       (b) Description       Gen instructions regarding type of information require Credit Card Processing Fee         Date OF Expenditure from Corporate funds       Payee name 92/28/2024       Paye Pal, Inc       City; State; Zip 2211 N First       (b) Description       Gen instructions regarding type of information require Credit Card Processing Fee         PURPOSE OF Expenditure from Corporate funds       (a) Category (See instructions for examples of acceptable categories)       (b) Description       Gen instructions regarding type of information require Credit Card Processing Fee         Date Or processing Fee       Payee name 94/03/2024       Payee name Payee name 94/03/2024       (b) Description       Gen instructions regarding type of information require Credit Card Processing Fee	Amount (\$)       7       Payee Address;       City; State; Zip         2.06       2211 N First       San Joe, CA 95131         PURPOSE       (a) Category (See instructors for examples of acceptable categories)       (b) Description       (See instructors regarding type of information required Credit Card Processing Fee         Date       Payee name       Payee Address;       City; State; Zip         2.06       2211 N First       San Joe, CA 95131         Date       Payee Address;       City; State; Zip         2.06       2211 N First       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Credit Card Processing Fee         Date       Of Expenditure from       San Joe, CA 95131       (b) Description       (See instructions regarding type of information required Credit Card Processing Fee         Date       Payee name       Payee Address;       City; State; Zip       Credit Card Processing Fee         Date       Payee name       San Joe, CA 95131       (b) Description       (See instructors regarding type of information required Credit Card Processing Fee         Date       Payee name       Fees       (City; State; Zip       (D) Description       (See instructors regarding type of information required Credit Card Processing Fee	Amount (\$)		·
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Expenditure from Corporate funds       San Joe, CA 95131         PURPOSE or EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information regarding Credit Card Processing Fee         Date 02/26/2024       Payee name 2.06       Payee Address;       City; State; Zip 2.06       City; State; Zip 2.06         Expenditure from Corporate funds       San Joe, CA 95131       For Expenditure from 30/28/2024       Fees         Date 03/28/2024       Payee name Payee name 03/28/2024       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 03/28/2024       Payee name Payee name 03/28/2024       Payee name Payee name 03/28/2024       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 03/28/2024       Payee name Payee Address;       City; State; Zip 2211 N First       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 04/03/2024       Payee name Payee name 04/03/2024       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information regarding Credit Card Processing Fee         Date 0F       Payee name 04/03/2024       Payee Address;       City; State; Zip 2211 N First       (See instructions regarding type of information regarding Credit Card Processing	Expenditure from corporate funds       San Joe, CA 95131         PURPOSE of EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description Credit Card Processing Fee         Date       Payee Address; 2.06       City; State; Zip 2.06       City; State; Zip 2.06         Expenditure from Oscoprote funds       San Joe, CA 95131         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description (b) Description Credit Card Processing Fee         Date       Payee name PurPOSE Fees       (a) Category (See instructions for examples of acceptable categories)       (b) Description (b) Description Credit Card Processing Fee         Date       Payee Address; Payee Address; City; State; Zip 2211 N First       City; State; Zip 2211 N First         Date Of EXPENDITURE       Payee Address; Payee Address; City; State; Zip 2211 N First       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date Of EXPENDITURE       Payee name Payee Address; City; State; Zip 2211 N First       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date Of Expenditure from San Joe, CA 95131       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date Of Expenditure from San Joe, CA 95131       (b) Description (See instructions regarding type of information required Credit Card Processing Fee	2.06	7 Payee Address; City; State; Zip	
Expenditure from or portate funds       San Joe, CA 95131         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Payse name 02/26/2024       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 02/26/2024       Pay Pal, Inc       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 02/26/2024       Pay Pal, Inc       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 02/26/2024       Payse Address; 2.06       City: State; Zip 2211 N First       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 03/28/2024       Pay Pal, Inc       (a) Category (See instructions for examples of acceptable categories) Credit Card Processing Fee       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 05 EXPENDITURE       Payee name (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 05 EXPENDITURE       Payee name (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description       (See instructions regarding type of information regar Credit Card Processing Fee         Date 06 07 Expenditure from 07 Credit Card Processing Fee       Payee	Expenditure from OF EXPENDITURE       San Joe, CA 95131         OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description Credit Card Processing Fee         Date 02/26/2024       Payee name 02/26/2024       Payee name 02/26/2024       San Joe, CA 95131         Amount (8) 2.06       Payee Address; 2.06       City; State; Zip 2.06       (b) Description San Joe, CA 95131         PURPOSE Expenditure from 0:orporate funds       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date 03/28/2024       Pay Pay Inc       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date 03/28/2024       Pay Pay Inc       Amount (s)       Payee Address; City; State; Zip 2211 N First       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date 0F EXPENDITURE       Payee name PurPose Fees       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date 0F Expenditure from 0-orporate funds       San Joe, CA 95131       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date 0F Expenditure from 0-0000000       Pay Pal, Inc       (b) Description (See instructions regarding type o	2.00	2211 N First	
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OF EXPENDITURE       Fees       Credit Card Processing Fee         Date       Payee name       Payee name         02/26/2024       Pay Pal, Inc       Amount (\$)       Payee Address;       City; State; Zip         2.06       2211 N First       San Joe, CA 95131       Image: Comportate funds       San Joe, CA 95131         PURPOSE       OF       Cell Card Processing Fee       (b) Description       (See instructions regarding type of information requite Cardoportes)         Date       Payee name       Payee name       Credit Card Processing Fee         Date       Payee name       Credit Card Processing Fee         03/28/2024       Pay Pal, Inc       Credit Card Processing Fee         1.79       2211 N First       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requit         Corporate funds       San Joe, CA 95131       Credit Card Processing Fee       Credit Card Processing Fee         Date       Payee name       Fees       City; State; Zip       Credit Card Processing Fee         Date       Payee name       Credit Card Processing Fee       Credit Card Processing Fee         Date       Payee name       Credit Card Processing Fee       Credit Card Process	OF EXPENDITURE       Fees       Credit Card Processing Fee         Date       Payee name         02/26/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         2.06       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information regulared Credit Card Processing Fee         Date 03/28/2024       Payee name	corporate funds		
EXPENDITURE       Page name         Date       Payee name         02/26/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         2.06       2211 N First         Expenditure from       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require Credit Card Processing Fee         Date       Payee name       Fees       (b) Description       (See instructions regarding type of information require Credit Card Processing Fee         Date       Payee name       Payee Address; City; State; Zip       (b) Description       (See instructions regarding type of information require Credit Card Processing Fee         Date       Payee Address; City; State; Zip       (b) Description       (See instructions regarding type of information require Credit Card Processing Fee         Purpose       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require Credit Card Processing Fee         Date       Payee name       (d)(03/2024       Pay Pal, Inc         Date       Payee name       (d)(03/2024       Pay Pal, Inc         Amount (\$)       Payee name       (d)(03/2024       Paye Pal, Inc         Amount (\$) <td>EXPENDITURE       Payee name         Date       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         2.06       2211 N First         Expenditure from       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         Payee name       Fees         Date       Payee name         03/28/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         211 N First       Credit Card Processing Fee         Date       Payee name         03/28/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.79       2211 N First         Expenditure from       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information required Credit Card Processing Fee         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.66       2211 N First         Expenditure from</td> <td></td> <td></td> <td></td>	EXPENDITURE       Payee name         Date       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         2.06       2211 N First         Expenditure from       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         Payee name       Fees         Date       Payee name         03/28/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         211 N First       Credit Card Processing Fee         Date       Payee name         03/28/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.79       2211 N First         Expenditure from       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information required Credit Card Processing Fee         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.66       2211 N First         Expenditure from			
02/26/2024     Pay Pal, Inc       Amount (\$)     Payee Address;     City; State; Zip       2.06     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information requit Credit Card Processing Fee       Date 03/28/2024     Payee name Payee Address;     City; State; Zip       1.79     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE 0F EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information requit Credit Card Processing Fee       Date 0F EXPENDITURE     Payee name (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information requit Credit Card Processing Fee       Date 0F EXPENDITURE     Payee name (Ad/03/2024     Pay Pal, Inc       Amount (\$)     Payee Address;     City; State; Zip       1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE 0F     (a) Category (See instructions for examples of acceptable categories)     (b) Description       0F     San Joe, CA 95131	02/26/2024     Pay Pal, Inc       Amount (\$)     Payee Address;     City; State; Zip       2.06     2211 N First       Expenditure from     San Joe, CA 95131       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit Card Processing Fee       Date     Payee Address;     City; State; Zip       2211 N First     San Joe, CA 95131       Purpose     (a) Category (See instructions for examples of acceptable categories)     (b) Description       (See instructions regarding type of information required Credit Card Processing Fee     Credit Card Processing Fee       Date     Payee Address;     City; State; Zip       1.79     2211 N First     San Joe, CA 95131       Purpose     (a) Category (See instructions for examples of acceptable categories)     (b) Description       Credit Card Processing Fee     Fees     Credit Card Processing Fee		rees	Credit Card Processing Fee
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Date     Payee name       03/28/2024     Pay Pal, Inc       Amount (\$)     Payee Address; City; State; Zip       1.79     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information require Credit Card Processing Fee       Date     Payee name       04/03/2024     Pay Pal, Inc       Amount (\$)     Payee Address; City; State; Zip       1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131	Date     Payee name       03/28/2024     Pay Pal, Inc       Amount (\$)     Payee Address; City; State; Zip       1.79     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF EXPENDITURE     (a) Category (See Instructions for examples of acceptable categories) Fees     (b) Description (See Instructions regarding type of Information required Credit Card Processing Fee       Date 04/03/2024     Payee name Payee name 04/03/2024     Payee Address; City; State; Zip 2211 N First       1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE 0F     (a) Category (See Instructions for examples of acceptable categories) Fees       04/03/2024     Paye Address; City; State; Zip 2211 N First       1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE 0F     (a) Category (See Instructions for examples of acceptable categories)       (b) Description (See Instructions regarding type of information required Credit Card Processing Fee	_	Fees	Credit Card Processing Fee
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Amount (\$)       Payee Address;       City; State; Zip         1.79       2211 N First         2211 N First       San Joe, CA 95131         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         Fees       Fees         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address;         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         (b) Description       (See instructions regarding type of information require Credit Card Processing Fee         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address;         1.66       2211 N First         San Joe, CA 95131       (b) Description         (See instructions regarding type of information require corporate funds         San Joe, CA 95131       (b) Description         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information require Credit Card Processing Fee	Amount (\$)       Payee Address;       City; State; Zip         1.79       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Credit Card Processing Fee         Date 04/03/2024       Payee name Payee name 04/03/2024       Payee Address;       City; State; Zip 2211 N First         1.66       2211 N First       City; State; Zip 2211 N First         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description         Purpose OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description         City; State; Zip 2211 N First       San Joe, CA 95131       (b) Description         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description         OF       Fees       (credit Card Processing Fee			
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1.79       Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description Credit Card Processing Fee         Date 04/03/2024       Payee name Pay Pal, Inc         Amount (\$)       Payee Address; 1.66       City; State; Zip 2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) fees	1.79       Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description (See instructions regarding type of information required Credit Card Processing Fee         Date 04/03/2024       Payee name Payee name       Credit Card Processing Fee         1.66       Payee Address; City; State; Zip 2211 N First         1.66       San Joe, CA 95131         PURPOSE OF Expenditure from Corporate funds       San Joe, CA 95131         PURPOSE OF Fees       (a) Category (See instructions for examples of acceptable categories)         Charles of the server for the server	Amount (\$)	Payee Address; City; State; Zip	
		1.79	2211 N First	
PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description       (See instructions regarding type of information required Credit Card Processing Fee         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; 2211 N First       City; State; Zip         1.66       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required informatind informatind informatind informatind information required inform	PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description       (See instructions regarding type of information required Credit Card Processing Fee         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; 2211 N First       City; State; Zip         1.66       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Credit Card Processing Fee			
OF EXPENDITURE       Fees       Credit Card Processing Fee         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require Credit Card Processing Fee	OF EXPENDITURE       Fees       Credit Card Processing Fee         Date       Payee name         04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Fees       (b) Description       (See instructions regarding type of information required Credit Card Processing Fee			
EXPENDITORE     Payee name       Date     Payee name       04/03/2024     Pay Pal, Inc       Amount (\$)     Payee Address; City; State; Zip       1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information require Credit Card Processing Fee	EXPENDITORE     Payee name       Date     Payee name       04/03/2024     Pay Pal, Inc       Amount (\$)     Payee Address; City; State; Zip       1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit Card Processing Fee			
04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Fees         Fees       (b) Description (See instructions regarding type of information require Credit Card Processing Fee	04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address;       City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Credit Card Processing Fee	EXPENDITURE		Credit Card Frocessing Fee
04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Fees         OF       (b) Description (See instructions regarding type of information require Credit Card Processing Fee	04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address;       City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Credit Card Processing Fee			
04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address; City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Fees         OF       (b) Description (See instructions regarding type of information require Credit Card Processing Fee	04/03/2024       Pay Pal, Inc         Amount (\$)       Payee Address;       City; State; Zip         1.66       2211 N First         Expenditure from corporate funds       San Joe, CA 95131         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information required Credit Card Processing Fee	Date	Payee name	
1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information require Credit Card Processing Fee	1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information required Credit Card Processing Fee	04/03/2024	-	
1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information require Credit Card Processing Fee	1.66     2211 N First       Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information required Credit Card Processing Fee	Amount (\$)	Payee Address; City; State; Zip	
L:00     Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information require Credit Card Processing Fee       OF     Fees     Credit Card Processing Fee	Loo     Expenditure from corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Credit Card Processing Fee			
corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information require Credit Card Processing Fee	corporate funds     San Joe, CA 95131       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories) Fees     (b) Description     (See instructions regarding type of information required Credit Card Processing Fee			
OF Fees Credit Card Processing Fee	OF Fees Credit Card Processing Fee		San Joe, CA 95131	
				•
			Fees	Credit Card Processing Fee

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 10/13 Rpt:	North Dallas Texas Democratic Women	00055548
Date	5 Payee name	•
04/04/2024	Pay Pal, Inc	
Amount (\$)	7 Payee Address; City; State; Zip	
3.28	2211 N First	
- Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE OF		(b) Description (See instructions regarding type of information required.
EXPENDITURE	Fees	Credit Card Processing Fee
Date	Payee name	
04/04/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
	2211 N First	
3.08		
Expenditure from corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF	Fees	Credit Card Processing Fee
EXPENDITURE		
Date	Payee name	
04/06/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
3.08	2211 N First	
Expenditure from	0	
corporate funds	San Joe, CA 95131	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	
EXPENDITURE		Credit Card Processing Fee
Date	Payee name	
04/13/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
	2211 N First	
2.24		
Expenditure from corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Fees	Credit Card Processing Fee

Total pages Schedule I: Sch: 11/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
Date 05/15/2024	5 Payee name Pay Pal, Inc	
Amount (\$) 1.94	7 Payee Address; City; State; Zip 2211 N First	
Expenditure from corporate funds	San Joe, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Credit Card Processing Fee
Date 05/15/2024	Payee name Pay Pal, Inc	
Amount (\$) 8.70 Expenditure from	Payee Address; City; State; Zip 2211 N First	
corporate funds	San Joe, CA 95131	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See instructions for examples of acceptable categories)</li> <li>Fees</li> </ul>	(b) Description (See instructions regarding type of information required. Credit Card Processing Fee
Date	Payee name	
06/22/2024	Pay Pal, Inc	
Amount (\$) 7.46	Payee Address; City; State; Zip 2211 N First	
Expenditure from corporate funds	San Joe, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Credit Card Processing Fee
Date	Payee name	
02/21/2024	TX32 Democratic Convention	
Amount (\$) 100.00	Payee Address;City; State; ZipPO Box 140981	
Expenditure from corporate funds	Dallas, TX 75214	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required. Program

		The Instruction Guide explains how to	o complete this form.
Total pages S Sch: 12/13 F		FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers 00055548
Date 06/26/2024		Payee name Webb, Lenna (Ms.)	
Amount (\$) 500 – Expenditure f	0.00	Payee Address; City; State; Zip 17201 Hidden Glen Drive	
corporate fun		Dallas, TX 75248	
PURPOSE OF EXPENDITU		Category (See instructions for examples of acceptable categories Accounting/Banking	(b) Description (See instructions regarding type of information required. Accounting Services
Date 01/26/2024		Payee name Wordpress	
Amount (\$) 51 – Expenditure f	1.17	Payee Address;City; State; Zip60 29th Street #343	
corporate fun		San Francisco, CA 94110	
PURPOSE OF EXPENDITU		Category (See instructions for examples of acceptable categories Advertising Expense	(b) Description (See instructions regarding type of information required. Website Maintenance
Date		Payee name	1
06/11/2024		Zoom Video Communications, Inc.	
Amount (\$) 17 Expenditure f	7.05 rom	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113	
PURPOSE OF EXPENDITUI		Category (See instructions for examples of acceptable categories Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Video Conferencing
Date 05/13/2024		Payee name Zoom Video Communications, Inc.	1
00/10/2024		Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor	
Amount (\$) 17 Expenditure f corporate fun	rom	San Jose, CA 75113	

Total pages Schedule I: Sch: 13/13 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers 000555548
Date 04/11/2024	5 Payee name Zoom Video Communications, Inc.	
Amount (\$) 17.05 Expenditure from corporate funds	<ul> <li>Payee Address; City; State; Zip</li> <li>55 Almaden Blvdl</li> <li>6th Floor</li> <li>San Jose, CA 75113</li> </ul>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Video Conferencing
Date 03/11/2024	Payee name Zoom Video Communications, Inc.	
Amount (\$) 17.05 Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Video Conferencing
Date 02/12/2024	Payee name Zoom Video Communications, Inc.	
Amount (\$) 17.05 Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Video Conferencing
Date 01/11/2024	Payee name Zoom Video Communications, Inc.	
Amount (\$) 17.05 Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Video Conferencing