

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) 00080175	2 Total pages filed: 12
3 COMMITTEE NAME Metrocrest Democrats		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 476 Coppell, TX 75019		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Steven A.		
	NICKNAME LAST SUFFIX Zatyko		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 970 Laguna Dr. Coppell, TX 75019		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 970 Laguna Dr. Coppell, TX 75019		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 970 Laguna Dr. Coppell, TX 75019		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 755-8056		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02/26/2024 06/30/2024		
11 ELECTION	ELECTION DATE Month Day Year 07/16/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Semiannual Report	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Metrocrest Democrats	13 Filer ID (Ethics Commission Filers) 00080175
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Michelle Beckley State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 513.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,637.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Steven A. Zatyko

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Metrocrest Democrats		18 Filer ID (Ethics Commission Filers) 00080175
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 513.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 299.29
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/12
2 FILER NAME Metrocrest Democrats		3 Filer ID (Ethics Commission Filers) 00080175
4 Date 04/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABSALOM, KAREN <hr/> 6 Contributor address; City; State; Zip Code CARROLLTON, TX 75006	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andre, Joel <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berel-Harrop, Sarah <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Intern minister		Employer (See Instructions) TXUUJM
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graifemberg, Diane (Ms.) <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heller, Paul <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75244	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/12
2 FILER NAME Metrocrest Democrats		3 Filer ID (Ethics Commission Filers) 00080175
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Angela (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Carrollton, TX 75006	
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivo, Andy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75006	
Principal occupation / Job title (See Instructions) Olivo Law		Employer (See Instructions) Attorney
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Dunkin Donuts
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Dunkin Donuts
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Dunkin Donuts

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
2 FILER NAME Metrocrest Democrats		3 Filer ID (Ethics Commission Filers) 00080175
4 Date 06/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trahan, Luke <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Cashier		9 Employer (See Instructions) Dunkin Donuts
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamorano, Wanda <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamorano, Wanda <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamorano, Wanda <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamorano, Wanda <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/12	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
---	---	--

4 Date 03/27/2024	5 Payee name Beckley, Michelle (Ms.)
-----------------------------	--

6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1845 E Frankford Rd Carrollton, TX 75007
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Support Her campaign
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 06/18/2024	Payee name Beckley, Michelle (Ms.)
--------------------	---------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1845 E Frankford Rd Carrollton, TX 75007
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Support Her campaign
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/5 Rpt: 8/12	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 03/06/2024	5 Payee name ActBlue Discounts	
6 Amount (\$) 0.20 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 03/13/2024	Payee name ActBlue Discounts	
Amount (\$) 0.40 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 03/28/2024	Payee name ActBlue Discounts	
Amount (\$) 0.99 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 04/03/2024	Payee name ActBlue Discounts	
Amount (\$) 2.37 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/5 Rpt: 9/12	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 04/06/2024	5 Payee name ActBlue Discounts	
6 Amount (\$) 0.20 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 04/08/2024	Payee name ActBlue Discounts	
Amount (\$) 4.74 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 04/13/2024	Payee name ActBlue Discounts	
Amount (\$) 0.40 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 05/06/2024	Payee name ActBlue Discounts	
Amount (\$) 0.20 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/5 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 05/13/2024	5 Payee name ActBlue Discounts	
6 Amount (\$) 0.40 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 06/06/2024	Payee name ActBlue Discounts	
Amount (\$) 0.20 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 06/13/2024	Payee name ActBlue Discounts	
Amount (\$) 0.40 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 02/26/2024	Payee name IONOS Inc.	
Amount (\$) 8.10 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/5 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 05/28/2024	5 Payee name IONOS Inc.	
6 Amount (\$) 8.10 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting
Date 06/12/2024	Payee name IONOS Inc.	
Amount (\$) 8.10 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting
Date 03/25/2024	Payee name IONOS Inc.	
Amount (\$) 34.05 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting
Date 03/19/2024	Payee name Mailchimp	
Amount (\$) 13.86 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Mailing Service

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/5 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
4 Date 04/19/2024	5 Payee name Mailchimp	
6 Amount (\$) 13.86 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Mailing Service
Date 05/20/2024	Payee name Mailchimp	
Amount (\$) 13.86 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Mailing Service
Date 06/20/2024	Payee name Mailchimp	
Amount (\$) 13.86 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Mailing Service
Date 04/12/2024	Payee name USPS	
Amount (\$) 175.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 450 S Denton Tap Rd Coppell, TX 75019	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) PO Box fee