FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00037876 3 COMMITTEE NAME **OFFICE USE ONLY** River Oaks Area Democratic Women Date Received **ELECTRONICALLY FILED** 07/29/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 13527 N. Tracewood Bend Change of Address Houston, TX 77077 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Leif C. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hatlen CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 13527 N. Tracewood Bnd. STREET **ADDRESS** (Residence or Business) Houston, TX 77077 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 13527 N. Tracewood Bnd. MAILING **ADDRESS** Change of Address Houston, TX 77077 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (281) 493-3107 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| CONTRIBUTION Check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE | 2 COMMITTEE NAME | | | 13 Filer | ID | (Ethics Commission Filers) |
|--|------------------------|--|---|---------------|-----------|----------------------------|
| ACTIVITY Complete its or plain plane to complete min integrated to complete minimal integrated to compl | River Oaks Area Dem | ocratic Women | | 0003 | 7876 | |
| 2. Measures Checkine by date and stocking of election and return | | (Identify by name or, if | A. Supported | l | | |
| CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S | paper to complete this | | B. Opposed | | | |
| a. Officeholders Assisted (gloemity by name or, if applicable, classify by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) CHOCK here if this report qualifies for the higher femulation threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 8. L23 EXPENDITURE TOTALS 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL POLITICAL EXPENDITURES 1. 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. Leif C, Hatten Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | 2. Measures | A. Supported | | | |
| 3. Officeholders Assisted (Identify by pame or, if Ir Assisted (Identify by pame or, if Assiste | | (Describe by date and location of election and nature of issue.) | | | | |
| Assisted (identify by name or, if applicable, disably by party.) 5 CONTRIBUTION TOTAL S 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS S 1,54 CONTRIBUTION DEPORT OF THE REPORTING PERIOD | | | B. Opposed | | | |
| TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. 1,23 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL POLITICAL EXPENDITURES 7. TOTAL POLITICAL EXPENDITURES 8. 1,54 1 | | Assisted (Identify by name or, if | | | | |
| (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7. 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. Leif C. Hatlen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day | | PLEDGES, LOANS, CONTRIBUTIONS M | OR GUARANTEES OF LOANS, ÒR ADE ELECTRONICALLY) | | \$ | 0.00 |
| 4. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7. AFFIDAVIT 1 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. Leif C. Hatlen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day | | | | | \$ | 1,235.00 |
| CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8 6 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. Leif C. Hatlen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day | | 3. TOTAL UNITEMIZED | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | 0.00 |
| OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 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. Leif C. Hatlen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | 4. TOTAL POLITICA | L EXPENDITURES | | \$ | 1,543.03 |
| LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mr. Leif C. Hatlen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | I | | AST DAY | \$ | 27,276.45 |
| 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. Leif C. Hatlen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said | | | | | \$ | 0.00 |
| true and correct and includes all information required to be reported by me under Title 15, Election Code. Mr. Leif C. Hatlen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day | AFFIDAVIT | | | | | |
| Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day | | | true and correct and includes all | | | |
| Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day | | | Mr. | Leif C. Hatle | en | |
| Sworn to and subscribed before me, by the said, this the day | | | | | | er |
| | AFFIX NOTAR | RY STAMP / SEAL ABOVE | | | | |
| of, 20, to certify which, witness my hand and seal of office. | | | | , this the | | day |
| | of | , 20, to certify \ | vhich, witness my hand and seal of office. | | | |
| | | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | Signature of officer a | administering oath | Printed name of officer administering oath | Title | of office | er administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | | 3 of 9 |
|---------------|---|--|-------------|----------------|---------------|
| 17 COM | MITTE | E NAME | 18 Filer ID | (Ethics Commis | sion Filers) |
| l | | s Area Democratic Women | 00037876 | (Lunes Comme | 5.61.1 1.615) |
| | | 00037070 | T | | |
| 19 SCH | | SUBTOTA | L AMOUNT | | |
| NAM | E OF S | | | | |
| 1. | X | \$ | 1,235.00 | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | PR | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR | \$ | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 8. | 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | |
| 9. | 9. SCHEDULE E: LOANS | | | | |
| 10. | 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | \$ | 1,543.03 |
| 11. | 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | \$ | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 13. | 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | | | |
| 14. | 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | |
| 15. | Х | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 13.36 |
| | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | | |
|---|---|--|-------------------------|---|--|--|-----------------------------|------------|--|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 1/2 Rpt: 4/9 | | | |
| 2 | FILER NAME River Oaks A | FILER NAME River Oaks Area Democratic Women | | | 3 | 3 Filer ID (Ethics Commission Filers) 00037876 | | | |
| 4 | Date 07/16/2024 | 5 Full name of contributor Caughman, Carla6 Contributor address; City; St | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$35.00 | |
| 8 | Dringing aggr | houston, TX 77040 pation / Job title (See Instructions | ., | _ | Employer (See Instructions | <u>''</u> | | | |
| 0 | • | panizing Director |) | 9 | Texas Democratic Party | | | | |
| | Date 07/16/2024 | Full name of contributor Cryer, Linda Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$50.00 | |
| | Dringing aggr | Houston, TX 77006 | ., | | Employer (See Instructions | <u>''</u> | | | |
| | Attorney | pation / Job title (See Instructions |) | | Employer (See Instructions self | ·) | | | |
| | Date 07/16/2024 | Full name of contributor Cunningham, Sharon Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$50.00 | |
| | | Houston, TX 77098 | | | | | | | |
| | Principal occu not employed | pation / Job title (See Instructions d | 5) | | Employer (See Instructions none | 5) | | | |
| | Date 07/19/2024 | Full name of contributor Hathaway, Lori Contributor address; City; S Kingwood, TX 77345 | | | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu owner | pation / Job title (See Instructions | 5) | | Employer (See Instructions Hathaway Services LLC | | | | |
| | Date 07/16/2024 | Full name of contributor Mundwiller, Linda Contributor address; City; Si houston, TX 77025 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | (3) | | Employer (See Instructions Not Employed | 5) | | | |
| | | | - | | | | | | |

| resa ddress; City; State; Zip Coc | 3 Filer ID (Ethics Commission Filers) 00037876 te PAC (ID#: |
|--|--|
| contributor out-of-staresa oldress; City; State; Zip Coc | te PAC (ID#:) 7 Amount of Contribution (\$) \$50 |
| resa ddress; City; State; Zip Coc | \$50 |
| | |
| (77002 See Instructions) | 9 Employer (See Instructions) State of Texas |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

xpense Travel
xpense Travel
Xages/Contract Labor OTHER

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | |
|--|---|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Sch: 1/3 Rpt: 6/9 | River Oaks Area Democratic Women 00037876 | | | | | | |
| 4 Date | 5 Payee name | | | | | | |
| 07/25/2024 | ACTBLUE TEXAS | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| \$48.81 | PO Box 382110 | | | | | | |
| | | | | | | | |
| Expenditure from corporate funds | Cambridge, MA 02238-2110 | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | transaction fee | | | | | | |
| | | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/O | | | | | | | |
| Date | Davisa nama | | | | | | |
| 07/14/2024 | Payee name Bown, Christopher | | | | | | |
| | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| \$100.00 | 3315 Mercer St | | | | | | |
| Expenditure from corporate funds | Houston, TX 77027 | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | Check if Austin, TX, officeholder living expense webmast & equipment coorinator | | | | | | |
| | webiliast & equipment coolinator | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/O | | | | | | | |
| Date | Davies name | | | | | | |
| 07/15/2024 | Payee name Corner Bakery | | | | | | |
| | · | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| \$477.65 | 107 Yale St Ste 100 | | | | | | |
| Expenditure from corporate funds | Houston, TX 77077 | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | Check if Austin, TX, officeholder living expense Refreshments for meeting | | | | | | |
| | Reflesifilients for theething | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| expenditure to benefit C/O | | | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | |
|---|---|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 2/3 Rpt: 7/9 | River Oaks Area Democratic Women 00037876 | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 07/14/2024 | Gulf Coast Area Labor Federation AFL-CIO | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| \$500.00 | 2506 SUTHERLAND ST. | | | | | |
| - " | | | | | | |
| Expenditure from corporate funds | Houston, TX 77023 | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF EXPENDITURE | Contributions/Donations Made By | | | | | |
| EXI ENDITORE | Candidate/Officeholder/Political Committee | | | | | |
| | Women of Labor Annual Labor Day Breakfast | | | | | |
| | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
| oxportantaro to sorione or o | | | | | | |
| Date | Payee name | | | | | |
| 07/19/2024 | MailChimp | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$41.57 | 675 Ponce de Leon Ave NE | | | | | |
| | Suite 5000 | | | | | |
| Expenditure from corporate funds | Atlanta, GA 30308 | | | | | |
| | <u> </u> | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | |
| EXPENDITURE | Fees Check if travel outside of Lexas. Complete Schedule 1. Check if Austin, TX, officeholder living expense | | | | | |
| | email service | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/OI | | | | | | |
| Data | | | | | | |
| Date | Payee name | | | | | |
| 07/14/2024 | St. Stephens Episcopal Church | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| \$175.00 | 1805 W. Alamba | | | | | |
| Evpanditura from | | | | | | |
| Expenditure from corporate funds | Houston, TX 77098 | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF | Office Overhead/Rental Expense | | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | |
| | meeting room rental | | | | | |
| | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| expenditure to benefit C/OI | 1 | | | | | |
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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 C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Service | ces Salaries/ uction Guide explains how to c | Wages/Contract Labor | OTHER (enter a | category not listed above) |
|--|-----------------------------|--|----------------------------|----------------------------|----------------------------|
| | | uction Guide explains now to c | ompiete this form. | | |
| 1 Total pages Schedule F1: | | 3 Filer ID | (Ethics Commission Filers) | | |
| Sch: 3/3 Rpt: 8/9 | River Oaks Area De | mocratic Women | | 00037876 | |
| 4 Date | 5 Payee name | | | | |
| 07/20/2024 | Wilkinson, Wendy | | | | |
| 6 Amount (\$) | 7 Payee address; C | ity; State; Zip C | ode | | |
| \$100.00 | 410 Asbury ST | | | | |
| | · | | | | |
| Expenditure from corporate funds | Houston, TX 77007 | | | | |
| 8 PURPOSE | (a) Category (See Categorie | s listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Salaries/Wages/Cor | | | outside of Texas. Com | |
| EXPENDITURE | • | | Check if Austir | n, TX, officeholder living | g expense |
| | | | Webite upda | ting | |
| | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder | name Office so | ught | Office he | eld |
| Date | Payee name | | | | |
| 07/14/2024 | Williams, Sharon | | | | |
| | | | 1 - | | |
| Amount (\$) | • | ity; State; Zip C | oae | | |
| \$100.00 | 7447 Cambridge #5 | 55 | | | |
| | | | | | |
| Expenditure from corporate funds | Houston, TX 77054 | | | | |
| PURPOSE | (a) Category (See Categorie | s listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Solicitation/Fundrais | sing Expense | Check if travel | outside of Texas. Com | plete Schedule T. |
| EXPENDITORE | | • . | Check if Austin | n, TX, officeholder living | g expense |
| | | | newsletter ed | ditor | |
| | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office so | uaht | Office he | eld |
| expenditure to benefit C/O | | | 3 | | |
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/9 3 Filer ID (Ethics Commission Filers) 2 FILER NAME River Oaks Area Democratic Women 00037876 5 Name of person from whom amount is received 8 Amount (\$) Date 07/25/2024 \$13.36 Amegy Bank 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77210-4837 Purpose for which amount is received Check if political contribution returned to filer interest