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) 00016291 3 COMMITTEE NAME **OFFICE USE ONLY** National Association of Social Workers/Texas Political Action For Candidate Election Date Received **ELECTRONICALLY FILED** 08/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 810 W. 11th St. Change of Address Austin, TX 78701-2010 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Will NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Francis** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 810 W. 11th St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 810 W. 11th St. MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 474-1454 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

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | 13 Filer ID | (Ethics Commission Filers) | | |
|--|---|--|--------------------------------------|--|
| National Association of Social Workers/Texas Political Action For Candidate Election 000 | | | | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | |
| | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | rjury, that the a mation required | accompanying report is I to be reported by me |
| | | Mr. Will | l Francis | |
| | | Signature of Car | mpaign Treasu | rer |
| AFFIX NOTAI | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscrib | ed before me, by the said | , th | nis 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 offic | er administering oath |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of !

| | | | | | 3 01 5 | |
|---|---|--|--------------|----|-----------------|--|
| 17 CON | MITTI | (Ethics Commiss | sion Filers) | | | |
| National Association of Social Workers/Texas Political Action For Candidate Election 00016291 | | | | | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | SUBTOTAL AMOUNT | |
| 1. | . X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | \$ | 0.00 | |
| 2. | . X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | \$ | 0.00 | |
| 3. | 3. X SCHEDULE B: PLEDGED CONTRIBUTIONS | | | \$ | 0.00 | |
| 4. | | \$ | | | | |
| 5. | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | |
| 6. | 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | \$ | | |
| 7. | 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | \$ | | |
| 8. | 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | \$ | | |
| 9. | 9. X SCHEDULE E: LOANS | | | \$ | 0.00 | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 0.00 | |
| 11. | Х | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | |
| 12. | Х | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 | |
| 13. | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ | | |
| 15. | 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | \$ | | |
| | | | | • | | |

| PLEI | DGED CONTRIBU | TIONS | | SCH | EDULE B | |
|---|--|-------------------------|--|--|--------------------|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5 | | |
| 2 FILER N. | | | | 3 Filer ID (Ethics Commission Filers) | | |
| | Association of Social Worke | rs/Texas Political Acti | on For Candidate | 00016291 | | |
| 4 TOTAL | TOTAL OF UNITEMIZED PLEDGES | | | \$ | 0.00 | |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#:) | | 8 Amount of 9 In-kind do pledge (\$) (If app | escription licable) | | |
| | 7 Pledgor Address; | City; State; Zip Co | de | | | |
| 10 Dringing | occupation / Job title (See Instru | entions) | 11 = | Check if travel outside of Texas. Co | omplete Schedule 1 | |
| 10 Pilitipai | occupation / Job title (See Instit | ictions) | 11 Employer (See In | tructions) | | |
| | | | | | | |
| | | | | | | |

| | LOANS | | | | | SCHEDULE E | |
|----|---|--|-----------|---|--|---------------------------|--|
| | The Instruction Guide explains how to complete this form | | | | ages Schedule E: /1 Rpt: 5/5 | | |
| | FILER NAME National Association of Social Workers/Texas Political Action For Candidate | | | or Candidate Election | 3 Filer ID (Ethics Commission Filers) 00016291 | | |
| 4 | | | | | | \$ 0.00 | |
| 5 | Date of loan | of loan 7 Name of lender out-of-state PAC (ID#:) | | 9 Loan Amount (\$) | | | |
| 1 | Is lender a financial institution? | 8 Lender address; Cit | y; State; | Zip Code | | 10 Interest Rate | |
| | | | | | | 11 Maturity Date | |
| 12 | 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) | | | ons) | | | |
| 14 | 4 Description of Collateral None | | | 15 Check if personal funds were deposited into political account (See Instructions) | | | |
| | GUARANTOR INFORMATION | 17 Name of guarantor | | | | 19 Amount Guaranteed (\$) | |
| | not applicable | 18 Guarantor address; Cit | y; State; | Zip Code | | | |
| 20 | Principal occupation | on | | 21 Employer (See Instructi | ons) | | |
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