FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056769 3 COMMITTEE NAME **OFFICE USE ONLY** Northeast Travis County Democrats Date Received **ELECTRONICALLY FILED** 08/06/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 14905 Evening Mist Lane Change of Address Pflugerville, TX 78660 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mrs. Jane E. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Denson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 14905 Evening Mist Lane STREET **ADDRESS** (Residence or Business) Pflugerville, TX 78660 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 14905 Evening Mist Lane MAILING **ADDRESS** Change of Address Pflugerville, TX 78660 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 922-5341 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete the report if necessary.) (Attach lists on plain paper to complete the report if necessary.) 2. Measures (Operation by date and location of election and nature of issue.) 8. Opposed 2. Measures (Operation by date and location of election and nature of issue.) 8. Opposed 3. Officeholders Assisted (delenity by manne 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) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 8. OPPOSED STATE OF THE PROPERTY OF THE PROP	Northeast Travis County	y Democrats			00056769	
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Contribution Cont	paper to complete this		B. Opposed			
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by purty.) 5 CONTRIBUTION TOTAL S 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 8 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL POLITICAL EXPENDITURES 5 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.		2. Measures	A. Supported			
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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 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.		3. TOTAL UNITEMIZED	POLITICAL EXPENDITUR	RES	\$	0.00
BALANCE OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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.		4. TOTAL POLITICA	L EXPENDITURES		\$	227.63
LOAN TOTALS 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.				NED AS OF THE LAST	DAY \$	4,403.11
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.				NDING LOANS AS OF	THE \$	0.00
true and correct and includes all information required to be reported by me under Title 15, Election Code.	i AFFIDAVIT				<u> </u>	
Mrs. Jane E. Denson			true and corre	ect and includes all infor		
				Mrs. Jane	e E. Denson	
Signature of Campaign Treasurer				Signature of Ca	ımpaign Treasu	ırer
AFFIX NOTARY STAMP / SEAL ABOVE	AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said day	Sworn to and subscribed	before me, by the said		, t	his 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	Signature of officer ad	 ministering oath	Printed name of officer adm	ninistering oath	Title of offic	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 8
17 COMMITTEE NAME	(Ethics Commission Filers)	
Northeast Travis County Democrats		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 610.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ONS	\$ 0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION ORGANIZATION	OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM LABOR ORGANIZATION	CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LA	BOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION CORPORATION	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OF	\$	
9. X SCHEDULE E: LOANS	\$ 0.00	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTR	\$ 227.63	
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00	
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CO	\$ 0.00	
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL COI	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIL	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2	FILER NAME Northeast Tr	ravis County Democrats			3 Filer ID (Ethics Commission Filers) 00056769
4	·			7 Amount of Contribution (\$) \$20.00	
	Drive sized open	Austin, TX 78731	<u>. lo</u>	- Tarabasa (Can Instruction)	
8	not employed	upation / Job title (See Instructions))	Employer (See Instructions not employed	s)
	Date 07/04/2024	Full name of contributor Denson, Jane Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$) \$5.00
	Principal occur	Pflugerville, TX 78660	<u> </u>	Employer (See Instructions	
	Finance Man		,	University of Texas at A	
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2024 Douglas, Cynthia Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00		
		Austin, TX 78724			
	Principal occu not employed	upation / Job title (See Instructions))	Employer (See Instructions not employed	s)
	Date 07/24/2024	Full name of contributor Douglas, Cynthia Contributor address; City; Sta Austin, TX 78724)	Amount of Contribution (\$) \$20.00
	Principal occu	upation / Job title (See Instructions))	Employer (See Instructions not employed	S)
	Date Full name of contributor out-of-state PAC (ID#:) 07/24/2024 KPW PAC Contributor address; City; State; Zip Code Austin, TX 78751			Amount of Contribution (\$) \$500.00	
	Principal occu	upation / Job title (See Instructions))	Employer (See Instructions	s)
			,		

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch. 22 Rpt. 5/8 2 FILER NAME Northeast Travis County Democrats 3 Filer D (Ethics Commission Filers) 00056769 4 Date 07/20/2024 5 Full name of contributor		MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A	A1
2 FILER NAME Northeast Travis County Democrats 4 Date 07/20/2024 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) not employed Date 07/20/2024 Parincipal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Section of the plane of contributor out-of-state PAC (ID#:		The Instruction Guide explains how to complete this form.					
07/20/2024 Rader, Willa \$25.00 6 Contributor address; City; State; Zip Code Austin, TX 78723 8 Principal occupation / Job title (See Instructions) not employed Date 07/20/2024 Wilson, James Of Contributor out-of-state PAC (ID#:	2				3	Filer ID (Ethics Commission Fil	lers)
8 Principal occupation / Job title (See Instructions) not employed Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	4	Date 5 Full name of contributor out-of-state PAC (ID#:) Rader, Willa			7		\$25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	8	Principal occu		9 Employer (See Instructions	s)		
07/20/2024 Wilson, James \$20.00 Contributor address; City; State; Zip Code Austin, TX 78752 Principal occupation / Job title (See Instructions) Employer (See Instructions)		not employe	d	not employed			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date Full name of contributor out-of-state PAC (ID#:) 07/20/2024 Wilson, James					\$20.00
Statif lexas House of Representatives			1				

PLE	DGED CONTRIBU	TIONS			SCHEDULE B		
Т	he Instruction Guide exp	lains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 6/8		
2 FILER NAME Northeast Travis County Democrats				3			
<u></u>	OF UNITEMIZED PLEDG	ES			\$ 0.		
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (ID#		<u> </u>	Amount of pledge (\$) In-kind description (If applicable)		
10 Principal	occupation / Job title (See Instru	otions)	11 5]	Check if travel outside of Texas. Complete Schedul		
LU PIIIICIPAI	occupation / Job title (See Institu	Clions)	11 Employer (See Ins	structi	ons)		

L	OANS					SCHEDUI	LE E
Т	he Instructio	n Guide explains ho	ow to complete this f	orm.	1	ages Schedule E: /1 Rpt: 7/8	
	ILER NAME Iortheast Travis	County Democrats			3 Filer ID 00056	(Ethics Commission 769	Filers)
4 T	OTAL OF UN	IITEMIZED LOANS				\$	0.00
5 D	ate of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
fir	s lender a nancial nstitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 P	rincipal occupation	on / Job title (See Instruction	ons)	13 Employer (See Instructions	5)	•	
14 D	escription of Coll	ateral		15 Check if personal funds we	ere deposite	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20 P	rincipal occupation	L on		21 Employer (See Instruction:	5)	.1	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 8/8	Northeast Travis County Democrats 00056769			
4 Date	5 Payee name			
07/24/2024	ActBlue Technical Services			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$24.10	366 Summer Street			
- "				
Expenditure from corporate funds	Somerville, MA 02144-3132			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	donation processing fees			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experialitate to belieff of of	'			
Date	Payee name			
07/16/2024	Tres Amigos Restaurant			
Amount (\$)	Payee address; City; State; Zip Code			
\$153.53	7535 E US 290 Service Rd.			
Ψ100.00	1000 E 00 E00 0011100 Nd.			
Expenditure from corporate funds	Austin, TX 78723			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	meeting with Travis County Democratic Party staff			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
07/21/2024	Tres Amigos Restaurant			
	<u> </u>			
Amount (\$)	Payee address; City; State; Zip Code			
\$50.00	7535 E US 290 Service Rd.			
Expenditure from				
corporate funds	Austin, TX 78723			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	room fee for event			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				