CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

	mission Filers) 2 T	otal pages filed:			OFFICE	USE ONLY
00053935		79			Date Received	
COMMITTEE Texas I	Democratic Women F	PAC			ELECTRONIC 10/03/2024	ALLY FILED
TREASURER Franklii NAME	n, Joyce					Data Dastravillad
ORIGINAL 122					Date Hand-delivered of	or Date Postmarked
REPORT TYPE July	nuary 15 y 15	=	day after campaign trea	surer resignation	Receipt #	Amount
	h day before election day before election	=	olution report r (specify)		Date Processed	
ORIGINAL PERIOD Month COVERED 07	Day Year 7/01/2024	THROUGH	Month Day 09/26/2024	Year	Date Imaged	
EXPLANATION OF CORREC	TION				-	
AFFIDAVIT			ear, or affirm, under p correct.	penalty of perjury	, that this correcte	d report is true
AFFIDAVIT		and				d report is true
AFFIDAVIT		and	correct.	y and all applical ts: I swear or a faith and without	ble statements: affirm, that the orig an intent to mislea	jinal report
AFFIDAVIT		and	correct. ck the box next to an Semiannual repor was made in good to	y and all applical ts: I swear or a faith and without formation contair swear, or affirm, h the 14th busine riginally filed is in at any error or on	ble statements: affirm, that the originan intent to misleated in the report. that I am filing this ss day after the dataccurate or incom	ginal report ad or to s corrected ate I learned plete. I
AFFIDAVIT		and Chec	correct. ck the box next to an Semiannual repor was made in good to misrepresent the in Other reports: I report not later that that the report as of swear, or affirm, that	y and all applical ts: I swear or a faith and without formation contair swear, or affirm, the 14th busine riginally filed is in at any error or on	ble statements: affirm, that the original an intent to misleated in the report. that I am filing this so day after the data accurate or incompission in the report	ginal report ad or to s corrected ate I learned plete. I
	EAL ABOVE	and Chec	correct. ck the box next to an Semiannual repor was made in good to misrepresent the in Other reports: I report not later than that the report as on swear, or affirm, that filed was made in g	y and all applicates: I swear or a faith and without formation containswear, or affirm, and the 14th busine riginally filed is in at any error or on ood faith.	ble statements: affirm, that the origing an intent to misleated in the report. that I am filing this as day after the dataccurate or incomplission in the report	ginal report ad or to s corrected ate I learned plete. I
AFFIX NOTARY STAMP / SI		and Chec	Semiannual report was made in good of misrepresent the in Other reports: I report not later than that the report as of swear, or affirm, that filed was made in g	y and all applical ts: I swear or a faith and without formation contair swear, or affirm, h the 14th busine- riginally filed is in at any error or on ood faith. Joyce Fran nature of Campai	affirm, that the orig an intent to mislea ned in the report. that I am filing this ss day after the da accurate or incom nission in the report	ginal report ad or to s corrected ate I learned plete. I rt as originally
AFFIX NOTARY STAMP / SI	fore me, by the said	and Chec	Semiannual report was made in good of misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, the filed was made in g	y and all applical ts: I swear or a faith and without formation contair swear, or affirm, n the 14th busine riginally filed is in at any error or on ood faith. Joyce Fran nature of Campai	affirm, that the orig an intent to mislea ned in the report. that I am filing this ss day after the da accurate or incom nission in the report	ginal report ad or to s corrected ate I learned plete. I rt as originally
AFFIX NOTARY STAMP / SI	fore me, by the said	and Chec	Semiannual report was made in good of misrepresent the in Other reports: I report not later than that the report as or swear, or affirm, the filed was made in g	y and all applical ts: I swear or a faith and without formation contair swear, or affirm, n the 14th busine riginally filed is in at any error or on ood faith. Joyce Fran nature of Campai	affirm, that the orig an intent to mislea ned in the report. that I am filing this ss day after the da accurate or incom nission in the report	ginal report ad or to s corrected ate I learned plete. I rt as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00053935 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Democratic Women PAC Date Received **ELECTRONICALLY FILED** 10/03/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 301411 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Joyce NAME NICKNAME LAST **SUFFIX** Franklin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4609 Pangolin Drive STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76244 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4609 Pangolin Drive MAILING **ADDRESS** Fort Worth, TX 76244 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 524-8219 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)	
Texas Democratic Wor	nen PAC		00053935	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Laurel Jordan Swift State Rep	presentative	
(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		
		B. Opposeu		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,040.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	55,013.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	31,132.42
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Joyce	Franklin	
		Signature of Ca	ımpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of office	er administering oath

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12 COMMITTEE NAMI	E			13 Filer ID (Ethics Commission Filers)
Texas Democration	c Women PAC			00053935
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Wilkerson State Repres	sentative
(Attach lists on plair paper to complete the report if necessary.)	his	B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Holly Taylor Supreme Court Ju	stice
(Attach lists on plair paper to complete the report if necessary.)	his	B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Averie Bishop State Represent	ative
(Attach lists on plair paper to complete the report if necessary.)	his	B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	nen PAC			00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Michelle Beckley State Represe	I entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Jennie Birkholz State Represen	ıtative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Commo Birkholz Clade Represent	nauve	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ebony Turner State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME						13 Filer ID	(Ethi	cs Comn	nission Filer	rs)
	Texas Democratic Wom	ien PAC					00053935				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Cecilia Castellano State F	Repres	sentative				
	(Attach lists on plain paper to complete this report if necessary.)		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.))								
	COMMITTEE	1. Candidates	-	Sunnorted	Vrician Carrenza State De	nrcoo	antativo.				
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Supported	Krisian Carranza State Re	eprese	entative				
	(Attach lists on plain paper to complete this report if necessary.)		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.))								
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A.	Supported	Molly Cook State Senator						
	(Attach lists on plain paper to complete this report if necessary.)		В.	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.))								
		Assisted (Identify by name or, if									

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12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Democratic Women PAG	C		00053935	
ACTIVITY (Identify I	ndidates A. Suppor by name or, if e, classify by party.)	ted Stephanie Morales State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	d		
	e by date and of election and	ted		
	B. Oppose	ed		
Ass (Identify I	ceholders isted by name or, if e, classify by party.)			
COMMITTEE 1. Car	ndidates A. Suppor	ted Elizabeth Ginsberg State R	epresentative	
ACTIVITY (Identify I	by name or, if e, classify by party.)	Car Elizabeth Children	epresentative	
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	ed		
	e by date and of election and	ted		
	B. Oppose	ed		
Ass (Identify I	ceholders isted by name or, if e, classify by party.)			
COMMITTEE 1. Car ACTIVITY (Identify I		ted Miheala Plesa State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	ed		
2. Mei (Describe location on nature of	e by date and of election and	ted		
	B. Oppose	ed		
Ass (Identify I	ceholders isted oy name or, if e, classify by party.)			
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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	ien PAC				00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mary Gonzalez	State Represent	I tative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE	1. Candidates	A. Supported	Carolyn Salter	State Renresents	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Carolyli Saiter	State Represent	auve	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Katherine Culbe	rt Railroad Com	nmissioner	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Democratic Women P	PAC			00053935	
ACTIVITY (Ident	Candidates tify by name or, if cable, classify by party.)	A. Supported	Morgan Kirkpatrick State Board	Of Education	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Desc locatio	Measures cribe by date and on of election and e of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted tify by name or, if cable, classify by party.)				
COMMITTEE 1. C	Candidates	A. Supported	Jennifer Lee State Representati	ive	
	tify by name or, if cable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Desc locatio	Measures cribe by date and on of election and e of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted tify by name or, if cable, classify by party.)				
COMMITTEE 1. C		A. Supported	Erin Shank State Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Desc locatio	Measures cribe by date and on of election and e of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted tify by name or, if cable, classify by party.)				
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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Democratic Wom		_			00053935	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Hava Johnston	State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rayna Glasser	State Board Of I	Education	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Meza Sta	ate Representativ	re	
(Attach lists on plain paper to complete this report if necessary.)		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.)					

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12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Democratic Women PAC			00053935	
14 COMMITTEE 1. Cand (Identify by applicable,		ted Dawn Richardson State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	d		
2. Meas (Describe b location of enature of is:	y date and election and	ted		
	B. Oppose	ed		
3. Office Assis (Identify by applicable,	ted			
COMMITTEE 1. Cand	idates A Suppor	ted Hannah Bohm State Rep	resentative	
ACTIVITY (Identify by		os Haman Bomin State Nep	resentative	
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	ed		
2. Meas (Describe b location of e nature of iss	y date and election and	ted		
	B. Oppose	ed		
3. Office Assis (Identify by applicable.	ted			
COMMITTEE 1. Cand ACTIVITY (Identify by	idates A. Suppor	ted Sally Duval State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)	B. Oppose	od		
2. Meas (Describe b location of e nature of is:	y date and election and	ted		
	B. Oppose	ed		
3. Office Assis (Identify by applicable,	ted			
1	,			

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					1 ago 12 01 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Democratic Wome	en PAC			00053935	
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Morgan LaMantia State Senator	•	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE :	1. Candidates	A. Supported	Regina Hinojosa State Represe	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Regina Timojosa State Represe	manve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(2. Measures (Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE 2	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Nancy Mulder Court Of Criminal	l Appeals, Judg	e
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures Describe by date and ocation of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Democratic Wome	en PAC				00053935	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Chika Anyiam Court	t Of Criminal	Appeals, Judg	e
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE	1. Candidates	A. Supported	Vikki Goodwin State	Representa	ative	
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ann Johnson State I	Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		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.)					

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						1 age = 1 61 16
12 COMM	IITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas	Democratic Wom	nen PAC			00053935	
14 COMM ACTIV		Candidates (Identify by name or, if applicable, classify by party.)		Jolanda Jones State Represen	tative	
paper	n lists on plain to complete this if necessary.)		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.)				
COMM	NITTEE	1. Candidates	A. Supported	Penny Shaw State Representa	tive	
ACTIV		(Identify by name or, if applicable, classify by party.)		Territy Shaw State Representa	uve	
paper	n lists on plain to complete this if necessary.)		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.)				
COMM ACTIV		Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Gia Jolene Garcia State Repre	sentative	
paper	n lists on plain to complete this if necessary.)		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.)				

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12 COMMIT	TEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas D	Democratic Wom	nen PAC				00053935	
14 COMMIT ACTIVIT		Candidates (Identify by name or, if applicable, classify by party.)		Marlena Coop	er State Represe	entative	
paper to	sts on plain complete this necessary.)		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.)					
COMMIT	TFF	1. Candidates	A. Supported	Flizabeth Coff	ey State Represe	entative	
ACTIVIT		(Identify by name or, if applicable, classify by party.)		Liizabetii Colii	cy State Repress	smanve	
paper to	sts on plain complete this necessary.)		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.)					
COMMIT ACTIVIT		Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kathy Cheng	State Senator		
paper to	sts on plain complete this necessary.)		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.)					
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MMITTEE NAME as Democratic Wom	nen PAC			13 Filer ID	(Ethics Commission Filers)
as Democratic Wor	ien PAC				
				00053935	
MMITTEE FIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Angela Brewer State Represent	ative	
ach lists on plain er to complete this ort if necessary.)		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.)				
MMITTEE	1. Candidates	A. Supported	Raquel Ortiz State Board Of Edu	ıcation	
FIVITY	(Identify by name or, if applicable, classify by party.)		Traquel Offiz Grate Board of Ear		
ach lists on plain er to complete this ort if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	1. Candidates (Identify by name or, if applicable, classify by party.)		Toni Rose State Representative		
er to complete this		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.)				
	MMITTEE TIVITY ach lists on plain er to complete this ort if necessary.)	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	Assisted (Identify by name or, if applicable, classify by party.) MMITTEE TIVITY ach lists on plain er to complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Toni Rose State Representative B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Democratic Wom	nen PAC			00053935
	Candidates (Identify by name or, if applicable, classify by party.)		Barbara Gervon Hawkins State	Representative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Maria Luisa Flores State Repres	sentative
paper to complete this		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.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Charlene Johnson State Repres	sentative
paper to complete this		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.)			
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Committed) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.)	A. Supported Barbara Gervon Hawkins State flooringly by name or, if applicable, classify by party.) A. Supported Barbara Gervon Hawkins State flooring by party or party.) B. Opposed 2. Measures (Describe by date and location of election and nature of fissue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of fissue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported Maria Luisa Flores State Representation of election and nature of seue.) B. Opposed B. Opposed A. Supported Maria Luisa Flores State Representation of election and nature of seue.) B. Opposed B. Opposed COMMITTEE A. Supported Maria Luisa Flores State Representation of election and nature of seue.) B. Opposed COMMITTEE A. Supported Maria Luisa Flores State Representation of election and nature of seue.) B. Opposed B. Opposed A. Supported Charlene Johnson State Representation of election and nature of seue.) B. Opposed COMMITTEE A. Supported Committee Activity A. Supported Charlene Johnson State Representation of election and nature of seue.) B. Opposed Committee Activity A. Supported B. Opposed A. Supported Charlene Johnson State Representation of election and nature of seue.) B. Opposed Committee Activity A. Supported Charlene Johnson State Representation of election and nature of seue.) B. Opposed Committee Activity B. Opposed Committee Johnson State Representation of election and nature of seue.

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Democratic Wom	en PAC			00053935	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ana Hernandez State Represe	ntative	
(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.)				
COMMITTEE	1. Candidates	A. Supported	Christina Morales State Repres	sentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ana-Maria Ramos State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	nen PAC			00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Nicole Collier State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE	1. Candidates	A Supported	Marissa Perez-Diaz State Bo	ard Of Education	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Maiissa Peiez-Diaz State Bu	ard Of Education	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Staci Childs State Board Of E	ducation	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	ien PAC				00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Erin Gamez State	Representativ	/e	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE	1. Candidates	A Supported	Donna Howard Sta	ta Panrasant	ativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Donna Howard Sta	ite Nepresem	auve	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Donna Howard Sta	ate Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
			-				

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12	COMMITTEE NAME						13 Filer ID	(E	Ethics (Commis	sion Filer	s)
	Texas Democratic Wom	ien PAC					00053935	5				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Claudia Ordaz State Represe	enta	ative					
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed								
		2. Measures (Describe by date and location of election and nature of issue.)	Α.	Supported								
			B.	Opposed								
		Officeholders Assisted (Identify by name or, if applicable, classify by party.))									
	COMMITTEE	1. Candidates	Α.	Supported	Jessica Gonzalez State Repr	954	entative					
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Сарропоа	ocasica Gonzaicz State Nepr	031	critative					
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed								
		2. Measures (Describe by date and location of election and nature of issue.)	Α.	Supported								
			B.	Opposed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	Α.	Supported	Linda Garcia State Represen	tati	ive					
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed								
		2. Measures (Describe by date and location of election and nature of issue.)	Α.	Supported								
			B.	Opposed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
		Assisted)									

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12 COMMITTEE N	AME				13 Filer ID	(Ethics Commission Filers)
Texas Democ	ratic Women PAC				00053935	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Yvonne Davis	s State Represe	entative	
(Attach lists on paper to comple report if necessa	te this	B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	.)				
COMMITTEE	1. Candidates	A. Supported	Alma Allon S	State Representa	ntive	
ACTIVITY	(Identify by name or, if applicable, classify by party.		7 mile 7 men e	nate represente	ave	
(Attach lists on paper to comple report if necessa	te this	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.					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Senfronia Th	ompson State R	Representative	
(Attach lists on paper to comple report if necessa	te this	B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	.)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	nen PAC			00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mary Ann Perez State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE	1. Candidates	A. Supported	Adriene Bell State Representati	Ve	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Adherie Bell State Nepresentati	VC	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cassandra Hernandez State Re	epresentative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
		1	<u> </u>			

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						1 490 2 1 01 1 0
12 COMM	IITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas	Democratic Wor	nen PAC			00053935	
14 COMM ACTIV		Candidates (Identify by name or, if applicable, classify by party.)		Kristin Washington State F	Representative	
paper	n lists on plain to complete this if necessary.)		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.)				
COMM	1ITTEE	1. Candidates	A. Supported	Dee Howard Mullins State	Representative	
ACTIV	ΊΤΥ	(Identify by name or, if applicable, classify by party.)				
paper	n lists on plain to complete this if necessary.)		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.)				
COMM ACTIV	IITTEE ITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stephanie Bassham State	Representative	
paper	n lists on plain to complete this if necessary.)		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.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	nen PAC			00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tiffany Drake State Representa	I tive	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE	1. Candidates	A. Supported	Lauren Simmons State Represe	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rhetta Bowers State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
		applicable, electify by partyly				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Democratic Women PA	AC				00053935	
ACTIVITY (Identify	andidates by pame or, if ole, classify by party.)	A. Supported	Erin Zweiner	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)	E	B. Opposed				
(Describ location	easures Dee by date and Of election and Of issue.)	A. Supported				
	E	B. Opposed				
As (Identify	ficeholders ssisted by pame or, if ole, classify by party.)					
COMMITTEE 1. Ca	andidates A	A Sunnorted	Shand Calc	State Representativ	/Δ	
A OT!) ((T) (by name or, if	A. Supported	Sheryi Cole	State Representativ	ve	
applicat	ole, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)	E	B. Opposed				
(Describ location	easures Dee by date and Of election and Of issue.)	A. Supported				
	E	B. Opposed				
As (Identify	ficeholders sisted by name or, if ole, classify by party.)					
COMMITTEE 1. Ca ACTIVITY (Identify		A. Supported	Elizabeth Ca	mpos State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)	E	B. Opposed				
(Describ location	easures be by date and of election and of issue.)	A. Supported				
	E	B. Opposed				
As (Identify	ficeholders ssisted by name or, if ole, classify by party.)					
1 '						

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	nen PAC				00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carol Alvarado State	Senator		
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE	1. Candidates	A Supported	Sarah Eckhardt State	Sanatar		
	ACTIVITY	(Identify by name or, if	A. Supported	Sarah Eukhanut Stati	e Senator		
		applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Christine Weems Su	preme Cou	rt Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	ien PAC			00053935	
11	COMMITTEE	1. Candidates	A Supported	Bonnie Lee Goldstein Supreme	Court Justice	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Bullille Lee Guldstelli Supreme	Court Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	applicable, classify by party.)		Desire Versille Oct. D		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Desiree Venable State Represe	entative	
	(Attack lists on plain	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cathy McAuliffe State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Democratic Wom	ien PAC			00053935	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mariana Casarez State Represe	L entative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE	1. Candidates	A. Supported	Makala Washington State Repre	esentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		The same of the sa		
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stacey Swann State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		1	ı			

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12 CC	DMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Te	exas Democratic Wom	nen PAC			00053935	
	DMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Perla Bojorquez State Represer	I ntative	
pa	ttach lists on plain per to complete this port if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
CC	OMMITTEE	1. Candidates	A. Supported	Marisela Jimenez State Repres	entative	
	CTIVITY	(Identify by name or, if applicable, classify by party.)				
pa	ttach lists on plain per to complete this port if necessary.)		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.)				
	DMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Michelle Gwinn State Senator		
pa	ttach lists on plain per to complete this port if necessary.)		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.)				
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AC Candidates ify by name or, if able, classify by party.)	A. Supported		13 Filer ID 00053935	(Ethics Commission Filers)
Candidates	A. Supported		00053935	
	A. Supported			
		Rachel Mello State Senator		
	B. Opposed			
Measures ribe by date and on of election and e of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted ify by name or, if able, classify by party.)				
Candidates ify by name or, if able, classify by party.)	A. Supported	Stephanie Draper State Senato	r	
	B. Opposed			
Measures ribe by date and on of election and e of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted ify by name or, if				
or of the control of	easures be by date and of election and of issue.) fficeholders ssisted y by name or, if ble, classify by party.) andidates y by name or, if ble, classify by party.) easures be by date and of election and of issue.)	easures be by date and of election and of issue.) B. Opposed B. Opposed Fficeholders sisted by by name or, if ble, classify by party.) B. Opposed B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Fficeholders sisted be by date and of election and of issue.) B. Opposed Fficeholders sisted by by name or, if	easures be by date and of election and of issue.) B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Stephanie Draper State Senato Stephanie Draper State Senato B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Fiticeholders B. Opposed B. Opposed Fiticeholders B. Opposed	easures be by date and of election and of issue.) B. Opposed B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Stephanie Draper State Senator B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			32 of 79					
17 COMMITTEE Texas Demo	NAME peratic Women PAC	18 Filer ID 00053935	(Ethics Commission Filers)					
19 SCHEDULE S NAME OF SC			SUBTOTAL AMOUNT					
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2. S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO DRGANIZATION)R	\$					
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ABOR ORGANIZATION	ATION OR	\$					
6. S	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR DRGANIZATION		\$					
8. S	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9. S	SCHEDULE E: LOANS		\$					
10. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 55,013.40					
11. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13. S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER	RETURNED	\$					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains hov	v to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 33/79	
2	FILER NAME Texas Demo	ocratic Women PAC				3	Filer ID (Ethics Commission 00053935	Filers)
4	Date 07/06/2024	5 Full name of contributor Abara, Emmanuella6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$15.00
		Anna, TX 75409-4495						
8	Principal occu Nurse	pation / Job title (See Instruction	5)	9	Employer (See Instructions Ardent	5)		
	Date 07/29/2024	Full name of contributor Anderson County TDW Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$40.00
		Palestine, TX 75801	. 1			_		
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	S)		
	Date 08/08/2024	Full name of contributor Beckley, Michelle Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
		Carrollton, TX 75007						
	Principal occu President	pation / Job title (See Instruction:	5)		Employer (See Instructions Kookaurra Bird Shop	5)		
08/15/2024		Full name of contributor Bell County TDW Contributor address; City; S Belton, TX 76513)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	<u>s)</u>		
	Date 08/21/2024	Full name of contributor Brakebill, Constance Contributor address; City; S Friendswood, TX 77546	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 34/79	
2	FILER NAME Texas Demo	ocratic Women PAC			3	Filer ID (Ethics Commission 00053935	n Filers)
4	Date 07/24/2024	5 Full name of contributor Coleman, Sofia6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$12.00
_	Dringing! aggr	Houston, TX 77008	lo.	Employer (Coo Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	07/10/2024 Criss, Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Deinainal assu	Salado, TX 76571		Francis on (Cool matricetic no			
	Principal occupation / Job title (See Instructions) Lawyer			Employer (See Instructions Criss & Rousseau Law		m.L.L.P.	
	Date 07/13/2024	Full name of contributor Dolphin, Kathleen Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.00
		Forney, TX 75126					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions FOH	5)		
			out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.00
	Principal occu	Forney, TX 75126 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/13/2024	Full name of contributor Dolphin, Kathleen Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$12.00
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 35/79	
2	FILER NAME Texas Demo	ocratic Women PAC			3	Filer ID (Ethics Commission 00053935	n Filers)
4	Date 07/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
0	Dringing oggu	Bryan, TX 77802	ام	Employer (See Instruction	<u></u>		
8	CPA	pation / Job title (See Instructions)	9	Employer (See Instructions COG	»)		
	Date 08/20/2024	Full name of contributor			•	Amount of Contribution (\$)	\$100.00
	Principal occu	Bryan, TX 77802 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>:)</u>		
	CPA	pation / 300 title (See Instructions)		COG	"		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID# Dudding, Janet Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
		Bryan, TX 77802					
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID# EDMONDSON, DEBRA Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092				Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions The Edmondson Law F		PLLC	
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#Elam, Jack Contributor address; City; State; Zip Code Houston, TX 77007			•	Amount of Contribution (\$)	\$2.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to cor	nplete this form.		otal pages Schedule A1: ch: 4/15 Rpt: 36/79	
2	FILER NAME Texas Demo	cratic Women PAC		I	ler ID (Ethics Commission I 0053935	Filers)
4	Date 07/25/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-		7 Ar	mount of Contribution (\$)	\$2.00
_	<u> </u>	Houston, TX 77007	la 5 1 40			
8	retired	pation / Job title (See Instructions)	9 Employer (Ser	e Instructions)		
	Date 08/25/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	f-state PAC (ID#:		mount of Contribution (\$)	\$2.00
	Principal occu	Houston, TX 77007	Employer (So	n Instructions)		
	retired	pation / Job title (See Instructions)	Employer (Ser	e mstructions)		
	Date 07/19/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	f-state PAC (ID#:) Ar	mount of Contribution (\$)	\$10.00
		Waxahachie, TX 75165				
	Principal occu	pation / Job title (See Instructions)	Employer (Se	e Instructions)		
	Date 07/29/2024	Ellis County TDW Contributor address; City; State; Zip (f-state PAC (ID#:		mount of Contribution (\$)	\$15.00
	Principal occu	Waxahachie, TX 75165 pation / Job title (See Instructions)	Employer (Se	e Instructions)		
	Date 08/15/2024	Ellis County TDW	f-state PAC (ID#:		mount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (Se	e Instructions)		
			I			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 37/79		
2	FILER NAME Texas Demo	cratic Women PAC			3	Filer ID (Ethics Commission 00053935	n Filers)	
4	Date 07/15/2024			7	Amount of Contribution (\$)	\$50.00		
8	Principal occu	Abilene, TX 79606 pation / Job title (See Instructions)	la	Employer (See Instructions	=)			
Ü	Not Employe			Not Employed	"			
	Date Full name of contributor out-of-state PAC (ID#:) 08/15/2024 Goolsbee, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Delicalization	Abilene, TX 79606		Frankrije (Cooks trockie oo				
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00		
		Abilene, TX 79606						
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)			
	Date 08/15/2024	Highland Lakes Chapter TDW)		Amount of Contribution (\$)	\$120.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 08/15/2024	Hill Country TDW				Amount of Contribution (\$)	\$15.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			<u> </u>					

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 38/79	
2	FILER NAME Texas Demo	cratic Women PAC			3	Filer ID (Ethics Commission 00053935	Filers)
4	Date 07/24/2024	Jang, Liz	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$20.00
_	Dringing age	Dallas, TX 75206	lo.	Employer (Coo Instructions			
8	Owner	pation / Job title (See Instructions)		Employer (See Instructions MPCA)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/12/2024 Jimenez, Marisela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
Spring, TX 77389 Principal occupation / Job title (See Instructions) Em			Employer (See Instructions)			
			Not Employed	,			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00		
		Corsicana, TX 75110					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2024 Keathley, Sarah Contributor address; City; State; Zip Code Corsicana, TX 75110			Amount of Contribution (\$)	\$10.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 39/79			
2	FILER NAME Texas Demo	ocratic Women PAC				3	Filer ID (Ethics Commission 00053935	ı Filers)		
4	Date 08/30/2024	5 Full name of contributor Lambert, Tammi6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00		
		Cibolo, TX 78108								
8	Principal occu Employed	pation / Job title (See Instructions	s) 	9	Employer (See Instructions DoD	s)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/13/2024 Lang, Ellen Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00					
	Kerrville, TX 78028 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u>:)</u>					
	Retired	pation 7 300 title (See Instructions	,		Education	·)				
	Date 09/17/2024				Amount of Contribution (\$)	\$25.00				
		Dallas, TX 75235								
	Principal occu Associate Fi	pation / Job title (See Instructions eld Director	5)		Employer (See Instructions Dentsu Aegis Network	s)				
	Date 07/21/2024	Full name of contributor Morneault, Madelyn Contributor address; City; Si Austin, TX 78731	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$10.00		
	Principal occu Event Organ	pation / Job title (See Instructions iizer	5)		Employer (See Instructions Unified	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 08/21/2024 Morneault, Madelyn Contributor address; City; State; Zip Code Austin, TX 78731		-	Amount of Contribution (\$)	\$10.00					
	Principal occu Event Organ	pation / Job title (See Instructions izer	s)		Employer (See Instructions Unified	5)				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 40/79	
2	FILER NAME Texas Demo	cratic Women PAC				3	Filer ID (Ethics Commission 00053935	Filers)
4	Date 07/06/2024	5 Full name of contributor Osterburg, Suzanne6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Bruehl 50321 Germany						
8	Principal occu Teacher's ai	pation / Job title (See Instructions	s) <u> </u>	9	Employer (See Instructions Rapunzel Kinderhaus e			
	Date Full name of contributor out-of-state PAC (ID#:) 08/06/2024 Osterburg, Suzanne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Bruehl Germany Principal occupation / Job title (See Instructions) Employer (See Instruction				<u>:)</u>			
	Teacher's aid Rapunzel Kinderhaus e							
	Date 09/06/2024				Amount of Contribution (\$)	\$10.00		
		Bruehl 50321 Germany						
	Principal occu Teacher's aid	pation / Job title (See Instructions	s)		Employer (See Instructions Rapunzel Kinderhaus e			
	Date Full name of contributor out-of-state PAC (ID#:) 07/29/2024 Reagan, Joanna Contributor address; City; State; Zip Code Tyler, TX 75703)		Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions	s)		Employer (See Instructions Not Employed	5)		
	Date O7/29/2024 Reagan, Joanna Contributor address; City; State; Zip Code Tyler, TX 75703		•	Amount of Contribution (\$)	\$12.00			
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	s)		
			1					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 41/79	
2	FILER NAME Texas Demo	cratic Women PAC			3	Filer ID (Ethics Commission 00053935	Filers)
4	Date 08/29/2024			7	Amount of Contribution (\$)	\$12.00	
8	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	d		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:) 07/25/2024 Remington, Barbara Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$12.00		
		Alvarado, TX 76009	_		L		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Not Employed Not Employed		Not Employed	_				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00	
		Missouri City, TX 77459					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00		
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2024 Rhodes, Kelly Contributor address; City; State; Zip Code Missouri City, TX 77459			Amount of Contribution (\$)	\$5.00		
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 42/79		
2	FILER NAME Texas Demo	ocratic Women PAC			3	Filer ID (Ethics Commission 00053935	Filers)	
4	Date 09/19/2024	5 Full name of contributor Shea, Marcia6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$10.00	
_	Delicalization	Friendswood, TX 77546	la la	Farabasa (Osabasa tanati	Ĺ			
8	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/11/2024 Shelton, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Principal occu	Austin, TX 78715 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
Technical Writer Gravita			Gravitant					
08/11/2024 Shelton, Susan		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00		
		Austin, TX 78715						
	Principal occu Technical W	pation / Job title (See Instructions) riter		Employer (See Instructions Gravitant)			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00			
	Principal occu Technical W	pation / Job title (See Instructions) riter		Employer (See Instructions Gravitant	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 Simes, Verna Contributor address; City; State; Zip Code Euless, TX 76039			Amount of Contribution (\$)	\$2.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
			l					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 43/79	
2	FILER NAME Texas Demo	cratic Women PAC			3	Filer ID (Ethics Commission 00053935	Filers)
4	Date 07/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.00
_		Euless, TX 76039	ı_		Ĺ		
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/25/2024 Simes, Verna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00		
	Principal occur	Euless, TX 76039 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
				Not Employed	·)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$80.00	
		Beaumont, TX 77701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/01/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)		Employer (See Instructions Ingenesis	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 07/25/2024 Stalzer, Katherine Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$3.00		
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Ingenesis	s)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm	ı.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 44/79		
2	FILER NAME Texas Demo	cratic Women PAC				3	Filer ID (Ethics Commission 00053935	Filers)	
4	Date 08/25/2024	5 Full name of contributor Stalzer, Katherine6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$)	\$7.50	
_	Deireitad	Austin, TX 78750							
8	RN	pation / Job title (See Instructions	(1)		Employer (See Instructions Ingenesis	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/16/2024 Steverding, Megan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00				
	Principal occu	Temple, TX 76501 pation / Job title (See Instructions)		Employer (See Instructions BSWH	j)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00			
	Principal occu	Granbury, TX 76048 pation / Job title (See Instructions	s)		Employer (See Instructions	5)			
	Date 07/29/2024	Full name of contributor TDW Of Hood County Contributor address; City; St Granbury, TX 76048	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions)			
	Date 08/15/2024	Full name of contributor TDW Of the South Plains Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$35.00	
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions	<u>(</u>			
			L						

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1				
	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 45/79	
2	FILER NAME Texas Demo	cratic Women PAC			3	Filer ID (Ethics Commission 00053935	n Filers)
4	Date 08/15/2024	 Full name of contributor out-of-state out-o	e PAC (ID#:		7	Amount of Contribution (\$)	\$35.00
•	Dringing! goog	Lubbock, TX 79493		O Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) TDW of the Wichita Area Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00		
	Principal occu	wichita Falls, TX 76308 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/29/2024	Full name of contributor out-of-state Tarrant Co Democratic Woman's Club Contributor address; City; State; Zip Code Fort Worth, TX 76147)			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/15/2024	Full name of contributor out-of-state Tarrant Co Democratic Woman's Club Contributor address; City; State; Zip Code Fort Worth, TX 76147				Amount of Contribution (\$)	\$140.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/01/2024	Taylor, Holly)		Amount of Contribution (\$)	\$20.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Travis County DA)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 46/79		
2	FILER NAME Texas Demo	ocratic Women PAC			3	Filer ID (Ethics Commission 00053935	n Filers)	
4	Date 09/22/2024	09/22/2024 Taylor, Holly 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
		Austin, TX 78705						
8	Principal occu Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Travis County DA's Office				
	Date Full name of contributor out-of-state PAC (ID#:) 08/11/2024 Torres, Richard Contributor address; City; State; Zip Code Pfulgerville, TX 78660		•	Amount of Contribution (\$)	\$25.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
Not Employed			Not Employed					
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00		
		Mansfield, TX 76063						
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/09/2024 Turner, Ebony Contributor address; City; State; Zip Code Mansfield, TX 76063			Amount of Contribution (\$)	\$50.00			
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 Willett, Dorothy Contributor address; City; State; Zip Code Huntsville, TX 77320		•	Amount of Contribution (\$)	\$2.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
			•					

	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1	
Γhe Instru	ction Guide explains how to complete this t	orm.	1		
FILER NAME			3		Filers)
Date 07/25/2024	Willett, Dorothy		7	Amount of Contribution (\$)	\$2.00
Principal occu	Huntsville, TX 77320 upation / Job title (See Instructions)	9 Employer (See Instruction:	ns)		
Not Employe	ed	Not Employed			
Date 08/25/2024	Willett, Dorothy			Amount of Contribution (\$)	\$2.00
Principal occu	Huntsville, TX 77320	Employer (See Instruction			
		Not Employed	15)		
Date 07/06/2024	Wilson, Tracy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	upation / Job title (See Instructions)		ns)		
	Principal occupate Principal occupate	FILER NAME Fexas Democratic Women PAC Date Divide 5	Texas Democratic Women PAC Date Date Date Date Date Date Date Dat	Siller Name Siller Name	ELIER NAME Texas Democratic Women PAC Total Strict Name Texas Democratic Women PAC Total Strict Name Texas Democratic Women PAC Total Strict Name Total Name of contributor out-of-state PAC (ID#:

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

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: 1/32 Rpt: 48/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Adrienne Bell Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	3519 E Walnut 3465
— Forest diture from	
Expenditure from corporate funds	Pearland, TX 77588
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
O Computate Chill V if allow	Condidate/Officeholder some
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Alma A Allen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	10101 Fondren Rd 500
Expenditure from corporate funds	Houston, TX 77096
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
09/12/2024	Amazon Market
Amount (\$)	Payee address; City; State; Zip Code
\$9.73	410 Terry Avenue North
Funanditure from	
Expenditure from corporate funds	Seattle, WA 98109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
1 Total pages Schedule F1: Sch: 2/32 Rpt: 49/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
07/25/2024	Amazon Market
6 Amount (\$) \$23.50	7 Payee address; City; State; Zip Code410 Terry Avenue North
420.00	120 Tony / Wondo Hordi
Expenditure from corporate funds	Seattle, WA 98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/26/2024	Amazon Market
Amount (\$)	Payee address; City; State; Zip Code
\$5.82	410 Terry Avenue North
Evpanditure from	
Expenditure from corporate funds	Seattle, WA 98109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Οπίσε σαμβίτος
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/05/2024	Ana Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	POB 15538
Expenditure from	
corporate funds	Houston, TX 77220
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/32 Rpt: 50/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Ana Maria Ramos Campaign
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code POB 852227
·	
Expenditure from corporate funds	Richardson, TX 75085
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Angela for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1909 Manten Blvd
φ100.00	1909 Manten Bivu
Expenditure from corporate funds	Denton, TX 76208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Ann Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
\$1,000.00	PO BOX 30300
Expenditure from corporate funds	Houston, TX 77256
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/32 Rpt: 51/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Averie for All Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	16060 Dallas Pkwy 507
\$2,000.00	10000 Dallas FRWy 507
Expenditure from	
corporate funds	Dallas, TX 75248
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	⊣
Date	Douge name
	Payee name
08/01/2024	Bank of America
Amount (\$)	Payee address; City; State; Zip Code
\$53.72	P.O. Box 25118
Expenditure from corporate funds	Tampa, FL 33622-5118
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Check order
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
08/05/2024	Barbara Gervin Hawkins for State Representative District 120
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO. Box 18659
,	
Expenditure from	Can Antonia TV 70010
corporate funds	San Antonio, TX 78218
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 5/32 Rpt: 52/79	Texas Democratic Women PAC 00053935	
4 Date	5 Payee name	
08/05/2024	Birkholz for Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	3441 Alexandrite Way	
Expenditure from corporate funds	Round Rock, TX 78681	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EVEN DITUE	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	Т
expenditure to benefit C/OI	H	
Date	Payee name	
08/15/2024	Bojorquez, Perla	
Amount (\$)	Payee address; City; State; Zip Code	_
\$900.00	420 Lomax Lane	
Expenditure from corporate funds	Fort Worth, TX 76131	
PURPOSE		_
OF OF	(ess samples and up a same and	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Donation to campaign	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
08/05/2024	Bonnie Lee Goldstein Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	2121 N Pearl St 210 MBN 1	
Expenditure from corporate funds	Dallas, TX 75201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\neg
expenditure to benefit C/OI	Н	ſ
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 6/32 Rpt: 53/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Carol Alvarado Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	POB 230842
Ψ100.00	1 00 2000-12
Expenditure from	
corporate funds	Houston, TX 77223
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
08/05/2024	Carolyn Salter Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	419 S Royall St
Ψ1,000.00	413 3 Noyali St
Expenditure from	
corporate funds	Palastine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_, _, _, _, _, _, _, _, _, _, _, _, _, _	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
08/05/2024	Cassandra Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	7624 Worthing
Ψ100.00	7024 Wording
Expenditure from	_ "
corporate funds	Dallas, TX 75252
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

19 Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leaal Services

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/32 Rpt: 54/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Cathy McAuliffe Campaign
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 202 Hewett Drive
Expenditure from corporate funds	Rockport, TX 78382
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Cecilia Castellano for State Representative Campaign.
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	430 Savannah Hts
Ψ2,000.00	400 Savaman no
Expenditure from corporate funds	Von Ormy, TX 78073
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
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Charlene Ward Johnson Campaign
	· · ·
Amount (\$)	
\$100.00	5319 Alba Road
Expenditure from corporate funds	Houston, TX 77091
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/32 Rpt: 55/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Christina Morales Campaign
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2901 Canal St
Expenditure from corporate funds	Houston, TX 77003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
2/11/21/31/2	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Christine Vinh Weems Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1300 McGowen Street
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Claudia Ordaz Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1200 Golden Key Circle 310
Expenditure from corporate funds	El Paso, TX 79925
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXILENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitie to belieff C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total manage Calcadula F1.	,
1 Total pages Schedule F1: Sch: 9/32 Rpt: 56/79	2 FILER NAME Texas Democratic Women PAC 3 Filer ID (Ethics Commission Filers) 00053935
4 Date	5 Payee name
08/05/2024	Dawn Richardson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 690523
\$1,000.00	PO BOX 690523
Expenditure from corporate funds	Killeen, TX 76549
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/05/2024	Dee Howard Mullins Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	POB 1169
Expenditure from	
corporate funds	Huntsville, TX 77340
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/05/2024	Denise Wilkerson Campaign Fund
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1808 Winewood Ln
Expenditure from corporate funds	Arlington, TX 76013
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LIBITOIL	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

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: 10/32 Rpt: 57/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Desiree Venable Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	120 Meadow Drive
- Evpanditura from	
Expenditure from corporate funds	Bastrop, TX 78602
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
Complete CNII V if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2024	Dillard, Robin
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	POB 265
Expenditure from corporate funds	Post, TX 79356
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Website Maintenance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payao namo
08/05/2024	Payee name Donna Howard Campaign
	. 9
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	POB 5375
Expenditure from	
corporate funds	Austin, TX 78763
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 11/32 Rpt: 58/79	Texas Democratic Women PAC 00053935	
4 Date	5 Payee name	
08/05/2024	Ebony Turner For House District 96 Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	615 Manchester Dr	
Expenditure from corporate funds	Mansfield, TX 76063	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
08/05/2024	Elizabeth Campos Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
\$100.00	1028 Rigsby	
Expenditure from corporate funds	San Antonio, TX 78210	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Campaign Contribution	
Operation ONE V if discont	Our did at 10th a hald a manner	_
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
		_
Date	Payee name	
08/05/2024	Elizabeth for Texas	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2,000.00	6172 Preston Haven Dr	
·		
Expenditure from corporate funds	Dallas, TX 75320	
·		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
	Sampaight Sommand	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 12/32 Rpt: 59/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Erin Elizabeth Gamez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	POB 2910
- Funanditura from	
Expenditure from corporate funds	Austin, TX 78768
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/05/2024	Erin Shank for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 32672
+=,000.00	
Expenditure from corporate funds	Waco, TX 76703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/05/2024	Erin Zwiener Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	POB 184
4100.00	
Expenditure from corporate funds	Driftwood, TX 78619
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

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: 13/32 Rpt: 60/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Friends of Raquel Saenz
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	2000 FM 1460 Apt 5303
Expenditure from corporate funds	Georgetown, TX 78626
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Gina Hinojosa for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 300095
Expenditure from	
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution
	Sampaign Samanan
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/05/2024	Hannah Bohm Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1005 Spanish Trail Dr
+= ,000.00	2000 000.110.110.121
Expenditure from corporate funds	Granbury, TX 76048
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ers)	rete tilis ioffii.	The Instruction Guide explains how to comp	Credit Card Payment
eis)	3 Filer ID (Ethics Commission Filers	2 FILED NAME	1 Total pages Cabadula F1:
	3 Filer ID (Ethics Commission Filers 00053935	Texas Democratic Women PAC	1 Total pages Schedule F1: Sch: 14/32 Rpt: 61/79
	-	5 Payee name	4 Date
		Hava Johnston for HD106 Campaign.	08/05/2024
		7 Payee address; City; State; Zip Code2230 Jaguar Dr	6 Amount (\$) \$1,000.00
		2200 0agaar 21	\$2,000.00
		Frisco, TX 75033	Expenditure from corporate funds
	Description	(a) Category (See Categories listed at the top of this schedule) (b)	8 PURPOSE
	Check if travel outside of Texas. Complete Schedule T.	Contributions/Donations Made By	OF EXPENDITURE
		Candidate/Officeholder/Political Committee	
	Campaign Contribution		
	Office held		9 Complete ONLY if direct expenditure to benefit C/OI
		Payee name	Date
		Holly Taylor for Texas Court of Criminal Appeals	08/05/2024
		Payee address; City; State; Zip Code	Amount (\$)
		4520 Caswell Ave	\$2,000.00
			— Formanditura from
		Austin, TX 78751	corporate funds
	Description	(a) Category (See Categories listed at the top of this schedule) (b)	PURPOSE
	Check if travel outside of Texas. Complete Schedule T.	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
	Campaign Contribution		
	Office held	Candidate/Officeholder name Office sought	Complete ONLY if direct
			expenditure to benefit C/OI
		Payee name	Date
		INMOTIONHOSTING	07/16/2024
		Payee address; City; State; Zip Code	Amount (\$)
		360 N, CA-1	\$19.98
		Suite 1055	
			Expenditure from
		-	
		Office Overhead/Rental Expense	EXPENDITURE
	—		
	Сто Зарриоз		
	Office hold	Candidata/Officahalder nama	Complete CNII V if direct
	Office held	Candidate/Officeholder name Office sought	Complete <u>ONLY</u> if direct expenditure to benefit C/OI
	Check if Austin, TX, officeholder living expense Campaign Contribution Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution Office held	Candidate/Officeholder/Political Committee Candidate/Officeholder name Payee name Holly Taylor for Texas Court of Criminal Appeals Payee address; City; State; Zip Code 4520 Caswell Ave Austin, TX 78751 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name INMOTIONHOSTING Payee name INMOTIONHOSTING Payee address; City; State; Zip Code 360 N, CA-1 Suite 1055 El Segundo, CA 90245	9 Complete ONLY if direct expenditure to benefit C/OF Date 08/05/2024 Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 07/16/2024 Amount (\$) \$19.98 Expenditure from corporate funds PURPOSE OF

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/32 Rpt: 62/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Jennifer Lee for Texas House District 55
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1916
Expenditure from corporate funds	Temple, TX 76503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Jessica Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	400 South Zang Blvd 1214
Ψ100.00	400 Godin Zang Biva 1214
Expenditure from corporate funds	Dallas, TX 75208
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/05/2024	Jolanda Jones Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	10709 Marsha Lane
φ1,000.00	10703 IVIAISIIA LAITE
Expenditure from	
corporate funds	Houston, TX 77024
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

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)	\neg
Sch: 16/32 Rpt: 63/79	Texas Democratic Women PAC 00053935	
4 Date	5 Payee name	
08/05/2024	Josey Garcia For Texas House District 124	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,000.00	718 Amber Knoll	
Expenditure from corporate funds	San Antonio, TX 78251	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Sampagii Sontibution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
		_
Date	Payee name	
08/05/2024	Judge Chika Anyiam Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 743201	
Expenditure from corporate funds	Dallas, TX 75374	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H .	
Date	Payee name	_
08/05/2024	Judge Nancy Mulder Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	13901 Midway Rd 102 PMB 498	
Expenditure from corporate funds	Dallas, TX 75244	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 17/32 Rpt: 64/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Katherine Culbert Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	915 Franklin St Unit 4N
Expenditure from corporate funds	Houston, TX 77002
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Kathy Cheng Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 27397
Expenditure from corporate funds	Houston, TX 77227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Kristian Carranza for Texas
Amount (\$)	
` '	
\$2,000.00	8237 S Flores St Apt 513
Expenditure from corporate funds	San Antonio, TX 78221
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling ense Printing	Expense Expens			Travel in District Travel Out of Di		
Credit Card Payment		The Instruction Guide	explains how to	comple	ete this form.				
1 Total pages Schedule F1: Sch: 18/32 Rpt: 65/79		eocratic Women PAC	C			3	Filer ID 00053935	(Ethics Commission Filers)	
4 Date	5 Payee name					<u> </u>			_
08/05/2024		hington Campaign							
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code					_
\$100.00	POB 570								
Expenditure from corporate funds	Greenville,	TX 75403							
8 PURPOSE OF EXPENDITURE	Contributio	ee Categories listed at the top ns/Donations Made Officeholder/Politica	Ву	(b)	=	n, TX	, officeholder livin	nplete Schedule T. g expense	
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office s	ought			Office h	eld	
Date	Payee name								_
08/05/2024	Laurel Jord	an Swift Campaign							
Amount (\$)	Payee addre	ss; City;	State; Zip	Code					
\$2,000.00	7627 Wood	lridge Dr							
Expenditure from corporate funds	San Antoni	o, TX 78209							
PURPOSE OF EXPENDITURE	Contributio	ee Categories listed at the top ns/Donations Made Officeholder/Politica	Ву	(b)			ide of Texas. Com	nplete Schedule T.	
	Candidate	Officeriolder/Follica	i Committee		Campaign C			5 -	
Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office s	ought			Office h	eld	_
Date	Payee name								_
08/05/2024	Lauren Ash	lley Simmons Camp	aign						
Amount (\$) \$100.00	Payee addre	-	State; Zip	Code					
Expenditure from corporate funds	Houston, T	X 77256							
PURPOSE OF		ee Categories listed at the top		(b)	Description				
EXPENDITURE		ns/Donations Made Officeholder/Politica				ı, TX	, officeholder livin	nplete Schedule T. g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office s	 ought			Office h	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1: Sch: 19/32 Rpt: 66/79	FILER NAME Texas Democratic Women PAC		3 Filer ID (Ethics Commission Filers) 00053935
4	Date 08/05/2024	5 Payee name Linda Garcia Campaign		·
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Cod 539 W. Commerce St 4808	le	
	Expenditure from corporate funds	Dallas, TX 75208		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug H	ht	Office held
	Date 08/05/2024	Payee name Lulu Flores Campaign		
	Amount (\$) \$100.00 Expenditure from corporate funds	Payee address; City; State; Zip Cod PO Box 40969 Austin, TX 78704	le	
	PURPOSE OF EXPENDITURE			Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 08/05/2024 Amount (\$)	Payee name Makala Washington Campaign Payee address; City; State; Zip Cod	le	
	\$100.00	301 N Greenville Ave 93		
	Expenditure from corporate funds	Allen, TX 75002		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	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: 20/32 Rpt: 67/79	Texas Democratic Women PAC 00053935
4	Date	5 Payee name
	08/05/2024	Mariana Casarez Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	808 W Lee Ave
	- "	
	Expenditure from corporate funds	Kingsville, TX 78363
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Campaign Contribution
		San parguration
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	Marisela Jimenez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3530 Peachstone PI
	Expenditure from corporate funds	Spring, TX 77389
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Campaign Contribution
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	08/05/2024	Marissa B Perez Diaz Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	POB 701342
	Expenditure from corporate funds	San Antonio, TX 78570
	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 Campaign Contribution
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 21/32 Rpt: 68/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Marlena Cooper Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	501 Noel Dr
Expenditure from corporate funds	Longview, TX 75602
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
08/05/2024	Mary Ann Perez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	6200 Gulf Fwy 125
Expenditure from	
corporate funds	Houston, TX 77023
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
	Campaign Contribution
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Mary Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 22/32 Rpt: 69/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Merrie Fox Campaign
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2224 Sur Avenue
Expenditure from corporate funds	New Braunfels, TX 78132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
08/05/2024	Michelle Beckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	3206 Sugarbush Dr
Expenditure from corporate funds	Carrollton, TX 75007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Michelle Gwinn Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	6031 Hwy 6N 165-283
Expenditure from corporate funds	Houston, TX 77084
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZADITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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
OTHER (onter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 23/32 Rpt: 70/79	Texas Democratic Women PAC 00053935	
4 Date	5 Payee name	
08/05/2024	Mimi Coffey Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	10742 White Settlement Road	
Expenditure from corporate funds	Fort Worth, TX 76108	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	_
08/05/2024	Molly for Texas	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	PO Box 667238	
Expenditure from		
corporate funds	Houston, TX 77266	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	=
08/05/2024	Morgan Kirkpatrick for SBOE 15 Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	4417 77th St	
Ψ1,000.00	4417 7701130	
Expenditure from		
corporate funds	Lubbock, TX 79424	
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	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/32 Rpt: 71/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Morgan LaMantia for State Senate Committee
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1324 E Madison Ave
Expenditure from corporate funds	Brownsville, TX 78520
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh Continuation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/O	
Date	Payee name
08/05/2024	Nicole Collier Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$100.00	POB 24241
Expenditure from	
corporate funds	Fort Worth, TX 76124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/05/2024	Penny Shaw Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 925991
Expenditure from	Houston, TX 77292
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

e Travel III District
Travel Out of Dis
Contract Labor OTHER (enter a

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: 25/32 Rpt: 72/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Perla Bojorquez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	420 Lomax Lane
Expenditure from corporate funds	Fort Worth, TX 76131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/05/2024	Plesa for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	18904 Fortson Ave
Expenditure from corporate funds	Dallas, TX 75252
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Doto	Para and a second secon
Date	Payee name
08/05/2024	Rachel Mello Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	2600 Chamberlain Dr
Expenditure from	Diana TV 75022
corporate funds	Plano, TX 75023
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 26/32 Rpt: 73/79	Texas Democratic Women PAC 00053935
4 Date	
08/05/2024	5 Payee name Rayna for SBOE 11
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	5004 Melbourne Dr
Expenditure from	
corporate funds	Fort Worth, TX 76114
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Dete	
Date	Payee name
08/05/2024	Rhetta Andrews Bowers Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	5406 Alazan Bay Drive
Expenditure from	
corporate funds	Rowlett, TX 75089
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/05/2024	Sally Duval for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6705 W Highway 290 Suite 607 PMB 124
Expenditure from	
corporate funds	Austin, TX 78735
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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 fostrict
OTHER (enter a category not listed above)

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: 27/32 Rpt: 74/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Sarah Eckhardt Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	POB 301586
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies name
	Payee name
08/05/2024	Senfronia Thompson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	10527 Homestead Rd
Expenditure from corporate funds	Houston, TX 77016
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Data	Para and a second
Date	Payee name
08/05/2024	Sheryl Cole Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	POB 41
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 28/32 Rpt: 75/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Stacey Swann Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	POB 1023
Expenditure from corporate funds	Lampasas, TX 76550
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/05/2024	Staci Childs Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	405 Main Street 450
Expenditure from corporate funds	Houston, TX 77002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
08/05/2024	Stephanie Draper Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	539 W Commerce St
Expenditure from corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 29/32 Rpt: 76/79	Texas Democratic Women PAC 00053935
4 Date	5 Payee name
08/05/2024	Stephanie Morales Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1919 Shadow Bend Dr
Expenditure from corporate funds	Houston, TX 77043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/05/2024	Stephanie R. Bassham Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	904 Burkhart Rd
Expenditure from corporate funds	Victoria, TX 77905
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/05/2024	Terry Meza Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 155076
Expenditure from corporate funds	Irving, TX 75015
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
Sch: 30/32 Rpt: 77/79	Texas Democratic Women PAC	00053935
4 Date	5 Payee name	·
07/29/2024	Text By Choice	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$12.00	503 East Jackson St	
Expenditure from corporate funds	Tampa, FL 33602	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly fee for texting
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
08/27/2024	Text By Choice	
Amount (\$)	Payee address; City; State; Zip Co	de
\$12.00	503 East Jackson St	
, .		
Expenditure from corporate funds	Tampa, FL 33602	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly text fee
		•
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	
Date	Payee name	
08/05/2024	Tiffany Drake Campaign	
Amount (\$)	Payee address; City; State; Zip Co	de
\$100.00	POB 3508	
Expenditure from corporate funds	Sherman, TX 75091	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Campaign Contribution
		Campaign Continuution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnt Onice Held
İ		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/32 Rpt: 78/79	2 FILER NAME Texas Democratic Women PAC 3 Filer ID (Ethics Commission Filers) 00053935
4 Date	5 Payee name
08/05/2024	Toni Rose Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 41867
Expenditure from corporate funds	Dallas, TX 75241
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/06/2024	U.S. Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$76.65	3507 N. Lamar Blvd
Expenditure from	
corporate funds	Austin, TX 78705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_/	Check if Austin, TX, officeholder living expense
	Postage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/05/2024	Vikki Goodwin Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3701 Shady Valley Dr
Expenditure from	
corporate funds	Austin, TX 78739
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al 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: Sch: 32/32 Rpt: 79/79	2 FILER NAME Texas Democratic Women PAC 3 Filer ID (Ethics Commission Filers) 00053935
4 Date	5 Payee name
08/05/2024	Yvonne Davis Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	5787 S. Hampton Rd 447
Expenditure from	
corporate funds	Dallas, TX 75232
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H