#### 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) 00065537 3 COMMITTEE NAME **OFFICE USE ONLY** Hill Country Texas Democratic Women Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 293014 Date Hand-delivered or Date Postmarked Change of Address Kerrville, TX 78029-3014 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David M. NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 101 E. Park Blvd., Ste. 600 STREET **ADDRESS** (Residence or Business) Plano, TX 75074 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 101 E. Park Blvd., Ste. 600 MAILING **ADDRESS** Plano, TX 75074 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 516-3849 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 **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

COMMITTEE NAME		113	Filer ID	(Ethics Commission Filers)
Hill Country Texas De	mocratic Women		00065537	()
<u> </u>				poolo Judge
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judge Chika Anyiam Court Of Ci	ımınaı App	eais, Juage
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	8,665.00
	2. TOTAL POLITICA		\$	0.005.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	ľ	8,665.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	241.62
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,429.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		<b>\$</b>	6,167.39
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$	0.00
6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.		
		Mr. David N		
			. —	
		Signature of Camp	aign Treasu	irer
AFFIX NOTAR	Y STAMP / SEAL ABOVE	Signature of Camp	aign Treasu	rrer
		Signature of Camp		
Sworn to and subscribe	ed before me, by the said _			
Sworn to and subscribe	ed before me, by the said _	, this		
Sworn to and subscribe	ed before me, by the said _	, this		

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

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					1 ago 0 oi 12
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Hill Country Texas Democratic Women					00065537
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Judge Cynthia Chapa Court Of	I Appeals, 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		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE	1. Candidates	A. Supported	Judge Luz Elena Chapa Court (	Of Appeals, Justice
	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	Judge Bonnie Goldstein Supren	ne Court 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		<del></del>
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
			<u> </u>		

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 4 of 12

OMMITTEE NAME ill Country Texas Dem OMMITTEE CTIVITY	ocratic Women  1. Candidates			13 Filer ID (Ethics Commission Filers) 00065537
OMMITTEE				00065527
OMMITTEE				00000001
	(Identify by name or, if applicable, classify by party.)	A. Supported	Judge Nancy Mulder Court Of C	
Attach lists on plain aper to complete this eport 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.)			
OMMITTEE		A. Supported	Judge Liza Rodriguez, Court Of	Anneals Justice
	(Identify by name or, if		Judge Liza Nounguez Court Of	Appeals, susfice
aper 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	A. Supported	Holly Taylor Court Of Criminal A	Appeals, Judge
aper 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.)			
	OMMITTEE CTIVITY  Attach lists on plain aper to complete this aport if necessary.)  OMMITTEE CTIVITY  Attach lists on plain aper to complete this aport if necessary.)	Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  Attach lists on plain apper to complete this export 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.)  OMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this export if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  3. Officeholders Assisted	Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this apport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this aport if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  3. Officeholders (Identify by name or, if applicable, classify by party.)	Assisted (identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  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.)  OMMITTEE CTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this apport if necessary.)  Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed

### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PURPUSE						Page 5 of 12
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Hill Country Texas Den	nocratic Women				00065537	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Judge Chris	tine Weems Sup	reme Court Justice	9
(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.)					

### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

					6 Of 12
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Co	mmission Filers)
Hil	l Count	ry Texas Democratic Women	00065537		
	HEDULI ME OF	SUBT	TOTAL AMOUNT		
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				5,189.00
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				3,476.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,229.62
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,200.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	
Sch: 1/2 Rpt: 7/12	Hill Country Texas Democratic Women 00065537	
4 Date	5 Payee name	
07/30/2024	Doyle Community Center	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$20.00	110 W. Barnett Street	
Expenditure from corporate funds	Kerrville, TX 78028	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	board meeting conference room rental	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
08/27/2024	Doyle Community Center	
	, ,	
Amount (\$)	Payee address; City; State; Zip Code	
\$20.00	110 W. Barnett Street	
Expenditure from corporate funds	Kerrville, TX 78028	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	board meeting conference room rental	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		
Date	Payee name	
09/21/2024	Doyle Community Center	
Amount (\$)	Payee address; City; State; Zip Code	
\$380.00	110 W. Barnett Street	
Expenditure from corporate funds	Kerrville, TX 78028	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
-	Check if Austin, TX, officeholder living expense  venue for fundraising breakfast	
	venue for fundraising breaklast	
Commission ONLY if dispose	Candidate/Officeholder norte	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
·		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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: 2/2 Rpt: 8/12	Hill Country Texas Democratic Women 00065537
4 Date	5 Payee name
09/21/2024	Doyle Community Center
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 110 W. Barnett Street
Expenditure from corporate funds	Kerrville, TX 78028
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense board meeting conference room rental
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Rails a Café at the Depot
Amount (\$)	Payee address; City; State; Zip Code
\$1,548.00	615 E. Schreiner Street
Expenditure from corporate funds	Kerrville, TX 78028
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  monthly membership luncheon
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 9/12 Hill Country Texas Democratic Women 00065537 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date 09/24/2024 Bonnie Lee Goldstein Campaign Amount (\$) Payee address; City; State; Zip Code \$400.00 2121 N. Pearl Street #210 Mail Box 1 Expenditure from Dallas, TX 75201 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 Chika Anyiam Campaign Amount (\$) Payee address; City; State; Zip Code \$400.00 P.O. Box 743201

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITORE CATEGORIES FOR BOX 10(a)  Event Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F2: Sch: 2/4 Rpt: 10/12	FILER NAME     Hill Country Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00065537						
4	Tim Godnay Texas Bernodiade vollien							
TOTAL OF UNITEMIX	ZED UNPAID INCURRED OBLIGATIONS	\$						
<b>5</b> Date 09/24/2024	Payee name     Christine Weems Campaign							
7 Amount (\$)	8 Payee address; City; State; Zip Code							
\$400.00	1300 McGowen Street							
Expenditure from corporate funds	Houston, TX 77004							
9 TYPE OF EXPENDITURE	X Political Non-Political							
10 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Contributions/Donations Made by	outside of Texas. Complete Schedule T.   , TX, officeholder living expense						
	l ——	npaign to be issued on October 7, 2024						
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
Date	Payee name							
09/24/2024	Cynthia Chapa Campaign							
Amount (\$) \$400.00	Payee address; City; State; Zip Code P.O. Box 68111							
Expenditure from corporate funds	San Antonio, TX 78268							
TYPE OF EXPENDITURE	X Political Non-Political							
EXPENDITURE PURPOSE	Non-Political     Non-Political  (a) Category (See Categories listed at the top of this schedule)     (b) Description							
EXPENDITURE	(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  PURPOSE  OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel	, TX, officeholder living expense						
EXPENDITURE  PURPOSE  OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel	•						
EXPENDITURE  PURPOSE  OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	, TX, officeholder living expense						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						
PURPOSE OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name	n, TX, officeholder living expense inpaign to be issued on October 7, 2024						

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 11/12 Hill Country Texas Democratic Women 00065537 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 09/24/2024 Holly Taylor Campaign Amount (\$) Payee address; State; Zip Code \$400.00 1101 W. 334th #119 Expenditure from Austin, TX 78705 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2024 Liza Rodriguez Campaign Amount (\$) Payee address; City; State; Zip Code \$400.00 5507 E. Evans Road Suite 104 #102 Expenditure from San Antonio, TX 78261 corporate funds TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Check to campaign to be issued on October 7, 2024 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# UNPAID INCURRED OBLIGATIONS

### SCHEDULE F2

Advertising Expense Accounting/Banking	Event Expense Fees		ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense Contributions/ Donations Made By	Food/Beverage Expense y - Gift/Awards/Memorials Expe	everage Expense Polling Expense		Travel in District Travel Out of District			
Candidate/Officeholder/Politica	al Committee Legal Services  The Instruction Guide		Wages/Contract Labor  omplete this form.	OTHER (enter a category not listed above)			
1 Total pages Schedule F2:	2 FILER NAME		·	3 Filer ID (Ethics Commission Filers)			
Sch: 4/4 Rpt: 12/12	Hill Country Texas Democratic	00065537					
4 TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLI	IGATIONS		\$			
5 Date	6 Payee name			L			
09/24/2024	Luz Elena Chapa Campaign						
7 Amount (\$)	8 Payee address; City; State; Zip Code						
\$400.00	P.O. Box 90382						
Expenditure from corporate funds	San Antonio, TX 78209						
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical				
10 PURPOSE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description				
OF EXPENDITURE	Contributions/Donations Made		l <u>–</u>	outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political	l Committee	. –	n, TX, officeholder living expense npaign to be issued on October 7, 2024			
			Check to car	inputgit to be 135ded on October 1, 2024			
11 Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>l</u> ıght	Office held			
expenditure to benefit C/O	4						
Date	Payee name						
09/24/2024	Nancy Mulder Campaign						
Amount (\$)	Payee address; City;	State; Zip Co	ode				
\$400.00	13901 Midway Road #102						
Expenditure from	PMB 498						
corporate funds	Dallas, TX 75374						
TYPE OF EXPENDITURE	X Political	Non-Pol	itical				
PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description				
EXPENDITURE	Contributions/Donations Made Candidate/Officeholder/Political		l <u>—</u>	outside of Texas. Complete Schedule T.   , TX, officeholder living expense			
	Candidate/Onicendide//Political	i Committee		npaign to be issued on October 7, 2024			
				,			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ıght	Office held			

**EXPENDITURE CATEGORIES FOR BOX 10(a)**