

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086876	2 Total pages filed: 62
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY
	NICKNAME LAST SUFFIX NAKASEC Action Fund		
4 FILER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1809 Hollister St. Suite C202 Houston, TX 77080		Date Received ELECTRONICALLY FILED 10/07/2024
			Date Hand-delivered or Date Postmarked
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (314) 221-8488		Receipt # Amount
6 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		Date Processed
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		Date Imaged
7 PERIOD COVERED	Month Day Year 08/01/2024 THROUGH 09/30/2024		
8 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Stephanie Morales State Representative	
		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.)		
GO TO PAGE 2			

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME NAKASEC Action Fund		11 Filer ID (Ethics Commission Filers) 00086876
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 15,821.07

13 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 3 of 62

10 FILER NAME NAKASEC Action Fund		11 Filer ID (Ethics Commission Filers) 00086876
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported Molly Cook State Senator
		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)	
	12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)		A. Supported
		B. Opposed
3. Officeholders Assisted (identify by name or, if applicable, classify by party)		

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
4 of 62

14 FILER NAME NAKASEC Action Fund		15 Filer ID (Ethics Commission Filers) 00086876	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	15,821.07
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/58 Rpt: 5/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$230.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$13.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$28.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/58 Rpt: 6/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$1.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$510.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$468.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/58 Rpt: 7/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$62.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$495.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$33.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/58 Rpt: 8/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name Base Builder	
6 Amount (\$) \$4.08 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$60.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/30/2024	Payee name Base Builder	
Amount (\$) \$238.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/58 Rpt: 9/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/30/2024	5 Payee name Base Builder	
6 Amount (\$) \$261.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/30/2024	Payee name Base Builder	
Amount (\$) \$29.26 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/30/2024	Payee name Base Builder	
Amount (\$) \$32.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/58 Rpt: 10/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/21/2024	5 Payee name Base Builder	
6 Amount (\$) \$140.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/21/2024	Payee name Base Builder	
Amount (\$) \$17.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/26/2024	Payee name Base Builder	
Amount (\$) \$157.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/58 Rpt: 11/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$230.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$13.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$28.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/58 Rpt: 12/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$1.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$510.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$468.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/58 Rpt: 13/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$62.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$495.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$33.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/58 Rpt: 14/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name Base Builder	
6 Amount (\$) \$4.08 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$60.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/30/2024	Payee name Base Builder	
Amount (\$) \$238.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/58 Rpt: 15/62		2 FILER NAME NAKASEC Action Fund		3 Filer ID (Ethics Commission Filers) 00086876	
4 Date 09/30/2024		5 Payee name Base Builder			
6 Amount (\$) \$261.53 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Teare, Sean		Office sought DISTRICT ATTORNEY, HARRIS	
Date 09/30/2024		Payee name Base Builder			
Amount (\$) \$29.26 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Teare, Sean		Office sought DISTRICT ATTORNEY, HARRIS	
Date 09/30/2024		Payee name Base Builder			
Amount (\$) \$32.04 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Teare, Sean		Office sought DISTRICT ATTORNEY, HARRIS	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/58 Rpt: 16/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/21/2024	5 Payee name Base Builder	
6 Amount (\$) \$140.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/21/2024	Payee name Base Builder	
Amount (\$) \$17.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/26/2024	Payee name Base Builder	
Amount (\$) \$157.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/58 Rpt: 17/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$230.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$13.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$28.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/58 Rpt: 18/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$1.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$510.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 08/26/2024	Payee name Base Builder	
Amount (\$) \$468.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/58 Rpt: 19/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$62.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$495.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$33.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/58 Rpt: 20/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name Base Builder	
6 Amount (\$) \$4.08 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/16/2024	Payee name Base Builder	
Amount (\$) \$60.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/30/2024	Payee name Base Builder	
Amount (\$) \$238.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/58 Rpt: 21/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/30/2024	5 Payee name Base Builder	
6 Amount (\$) \$261.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/30/2024	Payee name Base Builder	
Amount (\$) \$29.26 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/30/2024	Payee name Base Builder	
Amount (\$) \$32.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/58 Rpt: 22/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/21/2024	5 Payee name Base Builder	
6 Amount (\$) \$140.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 09/21/2024	Payee name Base Builder	
Amount (\$) \$17.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 09/26/2024	Payee name Base Builder	
Amount (\$) \$157.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/58 Rpt: 23/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/13/2024	5 Payee name Cruz, Alondra	
6 Amount (\$) \$98.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/13/2024	Payee name Cruz, Alondra	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/23/2024	Payee name Cruz, Alondra	
Amount (\$) \$133.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/58 Rpt: 24/62		2 FILER NAME NAKASEC Action Fund		3 Filer ID (Ethics Commission Filers) 00086876	
4 Date 08/23/2024		5 Payee name Cruz, Alondra			
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Cook, Molly		Office sought State Senator District 15 Office held State Senator District 15	
Date 09/05/2024		Payee name Cruz, Alondra			
Amount (\$) \$173.33 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Cook, Molly		Office sought State Senator District 15 Office held State Senator District 15	
Date 09/05/2024		Payee name Cruz, Alondra			
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Cook, Molly		Office sought State Senator District 15 Office held State Senator District 15	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/58 Rpt: 25/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name Cruz, Alondra	
6 Amount (\$) \$120.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/16/2024	Payee name Cruz, Alondra	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/13/2024	Payee name Cruz, Alondra	
Amount (\$) \$98.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/58 Rpt: 26/62		2 FILER NAME NAKASEC Action Fund		3 Filer ID (Ethics Commission Filers) 00086876	
4 Date 08/13/2024		5 Payee name Cruz, Alondra			
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Teare, Sean		Office sought DISTRICT ATTORNEY, HARRIS	
Date 08/23/2024		Payee name Cruz, Alondra			
Amount (\$) \$133.00 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Teare, Sean		Office sought DISTRICT ATTORNEY, HARRIS	
Date 08/23/2024		Payee name Cruz, Alondra			
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Teare, Sean		Office sought DISTRICT ATTORNEY, HARRIS	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/58 Rpt: 27/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/05/2024	5 Payee name Cruz, Alondra	
6 Amount (\$) \$173.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/05/2024	Payee name Cruz, Alondra	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/16/2024	Payee name Cruz, Alondra	
Amount (\$) \$120.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/58 Rpt: 28/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name Cruz, Alondra	
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 08/13/2024	Payee name Cruz, Alondra	
Amount (\$) \$98.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 08/13/2024	Payee name Cruz, Alondra	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/58 Rpt: 29/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/23/2024	5 Payee name Cruz, Alondra	
6 Amount (\$) \$133.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 08/23/2024	Payee name Cruz, Alondra	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/05/2024	Payee name Cruz, Alondra	
Amount (\$) \$173.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/58 Rpt: 30/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/05/2024	5 Payee name Cruz, Alondra	
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/16/2024	Payee name Cruz, Alondra	
Amount (\$) \$120.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/16/2024	Payee name Cruz, Alondra	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/58 Rpt: 31/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/05/2024	5 Payee name NAKASEC	
6 Amount (\$) \$39.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Communications
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/05/2024	Payee name NAKASEC	
Amount (\$) \$39.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/05/2024	Payee name NAKASEC	
Amount (\$) \$39.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Communications
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/58 Rpt: 32/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/05/2024	5 Payee name Print King	
6 Amount (\$) \$368.77 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1933 Gessner Rd Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/26/2024	Payee name Print King	
Amount (\$) \$107.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1933 Gessner Rd Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/05/2024	Payee name Print King	
Amount (\$) \$368.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1933 Gessner Rd Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/58 Rpt: 33/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/26/2024	5 Payee name Print King	
6 Amount (\$) \$107.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1933 Gessner Rd Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 08/05/2024	Payee name Print King	
Amount (\$) \$368.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1933 Gessner Rd Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 09/26/2024	Payee name Print King	
Amount (\$) \$107.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1933 Gessner Rd Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/58 Rpt: 34/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/13/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/23/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/23/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$183.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/58 Rpt: 35/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/23/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/05/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$193.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/05/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/58 Rpt: 36/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$140.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/16/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/20/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$57.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/58 Rpt: 37/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/30/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/13/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 08/23/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/58 Rpt: 38/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/23/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$183.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 08/23/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/05/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$193.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/58 Rpt: 39/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/05/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/16/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$140.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/16/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/58 Rpt: 40/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/20/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$57.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/30/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 08/13/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/58 Rpt: 41/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/23/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 08/23/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$183.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 08/23/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/58 Rpt: 42/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/05/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$193.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/05/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/16/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$140.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/58 Rpt: 43/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name Terrazas Belmares, Genesis	
6 Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 09/20/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$57.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held
Date 09/30/2024	Payee name Terrazas Belmares, Genesis	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1809 Hollister St Suite C202 Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Vehicle allowance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138 Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/58 Rpt: 44/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 08/13/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$64.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/16/2024	Payee name The Movement Cooperative	
Amount (\$) \$254.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/16/2024	Payee name The Movement Cooperative	
Amount (\$) \$154.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/58 Rpt: 45/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/03/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$7.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$0.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/04/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/58 Rpt: 46/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/04/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$0.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/05/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/10/2024	Payee name The Movement Cooperative	
Amount (\$) \$5.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/58 Rpt: 47/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/12/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$5.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/13/2024	Payee name The Movement Cooperative	
Amount (\$) \$5.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/14/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/58 Rpt: 48/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/17/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$12.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/18/2024	Payee name The Movement Cooperative	
Amount (\$) \$12.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/19/2024	Payee name The Movement Cooperative	
Amount (\$) \$25.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/58 Rpt: 49/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/20/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$25.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/24/2024	Payee name The Movement Cooperative	
Amount (\$) \$24.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 09/25/2024	Payee name The Movement Cooperative	
Amount (\$) \$10.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/58 Rpt: 50/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/26/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$20.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15 Office held State Senator District 15
Date 08/13/2024	Payee name The Movement Cooperative	
Amount (\$) \$64.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/16/2024	Payee name The Movement Cooperative	
Amount (\$) \$254.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/58 Rpt: 51/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$154.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held
Date 09/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$0.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/58 Rpt: 52/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/04/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$7.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/04/2024	Payee name The Movement Cooperative	
Amount (\$) \$0.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/05/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/58 Rpt: 53/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/10/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$5.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/12/2024	Payee name The Movement Cooperative	
Amount (\$) \$5.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/13/2024	Payee name The Movement Cooperative	
Amount (\$) \$5.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/58 Rpt: 54/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/14/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$7.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/17/2024	Payee name The Movement Cooperative	
Amount (\$) \$12.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/18/2024	Payee name The Movement Cooperative	
Amount (\$) \$12.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/58 Rpt: 55/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/19/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$25.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/20/2024	Payee name The Movement Cooperative	
Amount (\$) \$25.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/24/2024	Payee name The Movement Cooperative	
Amount (\$) \$24.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/58 Rpt: 56/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/25/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$10.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 09/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$20.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought DISTRICT ATTORNEY, HARRIS
Date 08/13/2024	Payee name The Movement Cooperative	
Amount (\$) \$64.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/58 Rpt: 57/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/16/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$254.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/16/2024	Payee name The Movement Cooperative	
Amount (\$) \$154.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/58 Rpt: 58/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/03/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$0.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/04/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/04/2024	Payee name The Movement Cooperative	
Amount (\$) \$0.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/58 Rpt: 59/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/05/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$7.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/10/2024	Payee name The Movement Cooperative	
Amount (\$) \$5.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/12/2024	Payee name The Movement Cooperative	
Amount (\$) \$5.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/58 Rpt: 60/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/13/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$5.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/14/2024	Payee name The Movement Cooperative	
Amount (\$) \$7.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/17/2024	Payee name The Movement Cooperative	
Amount (\$) \$12.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/58 Rpt: 61/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/18/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$12.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/19/2024	Payee name The Movement Cooperative	
Amount (\$) \$25.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/20/2024	Payee name The Movement Cooperative	
Amount (\$) \$25.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/58 Rpt: 62/62	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 09/24/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$24.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/25/2024	Payee name The Movement Cooperative	
Amount (\$) \$10.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 09/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$20.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138