#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069417 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Latina List Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 64025 Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76164 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Emma C. NAME NICKNAME LAST **SUFFIX** Preciado STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 27025 Daffodil Place STREET **ADDRESS** (Residence or Business) Boerne, TX 78015 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 288-1224 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/15/2024 10/07/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 File:		(Ethics Commission Filers)
Texas Latina List			000	69417	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER TO OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	THAN	\$	0.00
	2. TOTAL POLITICA		DANS)	\$	1,080.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	200.00
CONTRIBUTION BALANCE	1	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	2,093.60
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS REPORTING PERIOD	S AS OF THE	\$	0.00
6 AFFIDAVIT				<u> </u>	
		I swear, or affirm, under pen- true and correct and includes under Title 15, Election Code	s all information r		
		Mrs	s. Emma C. Pre	ociado	
			ure of Campaign		 er
AFFIX NOTAR	RY STAMP / SEAL ABOVE				
Sworn to and subscribe	ed hefore me, by the said		this the		day
		which, witness my hand and seal of office.	, unsuic_		day
		·			
Signature of officer a	administering oath	Printed name of officer administering oath	Title	e of office	er administering oath
-	<del>-</del>	<b>S</b>			Ç

### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC ADDENDUM

Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Perla Boroquez	State Represer	<b>13</b> Filer ID 00069417	Page 3 of 8  (Ethics Commission Filers)
	A. Supported	Perla Boroquez	State Represer		(Ethics Commission Filers)
	A. Supported	Perla Boroquez	State Represer	00069417	
	A. Supported	Perla Boroquez	State Represer		
				ntative	
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders     Assisted					
(Identify by name or, if applicable, classify by party.)					
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted

#### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

				4 of 8
17 COMMITTI Texas Lat		<b>18</b> Filer ID 00069417	(Ethics Commission Fi	lers)
l	E SUBTOTALS SCHEDULE		SUBTOTAL AMO	UNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1	.,080.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	200.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	89.42
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/8		
2	2 FILER NAME Texas Latina List				3	Filer ID (Ethics Commission 00069417	n Filers)	
4	Date 09/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Bonilla, Eva</li> <li>Contributor address; City; State; Zip Code</li> </ul>	:	)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	la.	Employer (See Instructions	<u>''</u>			
0	Community \			Retired	·)			
	Date 09/13/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u>                                     </u>			
	University Pr	rofessor		University of North Texa	as			
	Date 09/13/2024	Full name of contributor	:	)		Amount of Contribution (\$)	\$200.00	
		Dallas, TX 75382						
	Principal occu Medical Doc	pation / Job title (See Instructions) tor		Employer (See Instructions Self	s)			
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID# Ortega-Putney, Sally Contributor address; City; State; Zip Code Highland Village, TX 75077				Amount of Contribution (\$)	\$10.00	
	Principal occu HR Manager	pation / Job title (See Instructions)		Employer (See Instructions Climate Pros	5)			
	Date 08/17/2024	Full name of contributor out-of-state PAC (ID# Ortega-Putney, Sally Contributor address; City; State; Zip Code Highland Village, TX 75077	:		•	Amount of Contribution (\$)	\$10.00	
	Principal occu HR Manager	pation / Job title (See Instructions)		Employer (See Instructions Climate Pros	5)			
			<u> </u>					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/8		
2	2 FILER NAME Texas Latina List				Filer ID (Ethics Commission 00069417	Filers)	
4	Date 09/17/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Ortega-Putney, Sally</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Highland Village, TX 75077  pation / Job title (See Instructions)	9 Employer (See Instructions				
0	HR Manage		Climate Pros	)			
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Preciado, Emma (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Boerne, TX 78015  pation / Job title (See Instructions)	Employer (See Instructions	)			
	Retired Educ		N/A				
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Romero, Ramon (Rep.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00	
		Fort Worth, TX 76101					
	Principal occu State Repres	pation / Job title (See Instructions) sentative	Employer (See Instructions State of Texas	)			
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#:_ Sanchez-Ross, Irene (Ms.) Contributor address; City; State; Zip Code Arlington, TX 76016			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired educ	pation / Job title (See Instructions) cator	Employer (See Instructions N/A	)			

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		rel Out of District HER (enter a category not listed above)
1 Total pages Schedule F1:	1: 2 FILER NAME 3 File	er ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 7/8		069417
4 Date	5 Payee name	
10/07/2024	Bojorquez, Perla	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.00	0 PO Box 79503	
Expenditure from corporate funds	Saginaw, TX 76137	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Bondtions Made By	Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, office Donation for TX HD	
	Donation of 1X115	93 Campaign
		05.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	t Candidate/Officeholder name Office sought /OH	Office held

	AL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I				
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2 FILER NAME Texas Latina List	3 Filer ID (Ethics Commission Filers) 00069417				
4 Date 08/16/2024	5 Payee name GoDaddy					
6 Amount (\$)  89.42  Expenditure from	7 Payee Address; City; State; Zip 14455 N Hayden Rd #219					
corporate funds  PURPOSE  OF  EXPENDITURE	Scottsdale, AZ 85260  (a) Category (See instructions for examples of acceptable categories) Fees Fee	cription (See instructions regarding type of information required.) for Website				