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) 00080175 3 COMMITTEE NAME **OFFICE USE ONLY Metrocrest Democrats** Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 476 Date Hand-delivered or Date Postmarked Change of Address Coppell, TX 75019 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steven A. NAME NICKNAME LAST **SUFFIX** Zatyko STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 970 Laguna Dr. STREET **ADDRESS** (Residence or Business) Coppell, TX 75019 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 970 Laguna Dr. MAILING **ADDRESS** Coppell, TX 75019 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 755-8056 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 10/07/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Metrocrest Democrats			00080175	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Michelle Beckley State Repre	esentative	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M x check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	230.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	T DAY \$	2,709.36
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pr true and correct and includes all info under Title 15, Election Code.		
		Mr. Steve	en A. Zatyko	
		Signature of Ca	ampaign Treasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, 1	this the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 10
17 COMMITT	EE NAME	18 Filer ID	(Ethics Com	mission Filers)
Metrocres	st Democrats	00080175		
19 SCHEDUL NAME OF	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	230.00
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	\$	1,000.00
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	\$	145.73
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10	
2	FILER NAME Metrocrest D			3	Filer ID (Ethics Commission 00080175	n Filers)
4	Date 08/14/2024			7	Amount of Contribution (\$)	\$30.00
8		pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Not Employed Date Full name of contributor out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$120.00	
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions El Centro College	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (IE Manheim, James Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$30.00
	Principal occu Not Employe	Port Worth, TX 76107 pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 07/06/2024	Full name of contributor out-of-state PAC (IE Trahan, Luke Contributor address; City; State; Zip Code Austin, TX 78705			Amount of Contribution (\$)	\$5.00
	Principal occu Cashier	pation / Job title (See Instructions)	Employer (See Instructions Dunkin Donuts	<u> </u>		
	Date 08/06/2024	Full name of contributor out-of-state PAC (IE Trahan, Luke Contributor address; City; State; Zip Code Austin, TX 78705	D#:)		Amount of Contribution (\$)	\$5.00
	Principal occupation / Job title (See Instructions) Cashier Employer (See Instructions Dunkin Donuts		5)			
			•			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/10	
2	FILER NAME Metrocrest D	Pemocrats				3	Filer ID (Ethics Commission 00080175	Filers)
4	Date 09/06/2024			7	Amount of Contribution (\$)	\$5.00		
_		Austin, TX 78705	, 1-			Ĺ		
8	Principal occu Cashier	pation / Job title (See Instructions	S) S	•	Employer (See Instructions Dunkin Donuts	5)		
	Date 10/06/2024	Full name of contributor Trahan, Luke Contributor address; City; S)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions	s)		Employer (See Instructions	 ;)		
	Cashier				Dunkin Donuts			
	Date 07/13/2024)		Amount of Contribution (\$)	\$10.00	
		Irving, TX 75063						
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions Not Employed	5)		
	Date 08/13/2024	Full name of contributor Zamorano, Wanda Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	<u>l</u> 5)		
	Date 09/13/2024	Full name of contributor Zamorano, Wanda Contributor address; City; S Irving, TX 75063	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	s)		
			1					

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/10	Metrocrest Democrats 00080175
4 Date	5 Payee name
09/04/2024	Beckley, Michelle (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1845 E Frankford Rd
Expenditure from corporate funds	Carrollton, TX 75007
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Money to support her campaign
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

The Instruction Guide explains how to complete this form.						
Total pages Schedule I: Sch: 1/4 Rpt: 7/10	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175				
1 Date 07/06/2024	5 Payee name ActBlue Discounts					
O.20 Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144					
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions				
Date 07/13/2024	Payee name ActBlue Discounts					
Amount (\$) 0.40 Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions				
Date 08/06/2024	Payee name ActBlue Discounts					
Amount (\$) 0.20 Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions				
Date 08/13/2024	Payee name ActBlue Discounts					
Amount (\$) 0.40 Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions				

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 2/4 Rpt: 8/10	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
Date 09/06/2024	5 Payee name ActBlue Discounts	
O.20 Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 09/13/2024	Payee name ActBlue Discounts	
Amount (\$) 0.40 Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 10/06/2024	Payee name ActBlue Discounts	
Amount (\$) 0.20 Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for processing contributions
Date 07/12/2024	Payee name IONOS Inc.	
Amount (\$) 34.05 Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 3/4 Rpt: 9/10 Date	2 FILER NAME Metrocrest Democrats 5 Payee name	3 Filer ID (Ethics Commission Filers) 00080175
08/12/2024	IONOS Inc.	
34.05 Expenditure from corporate funds	7 Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting
Date 09/12/2024	Payee name IONOS Inc.	
Amount (\$) 34.05 Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting
Date 07/19/2024	Payee name Mailchimp	
Amount (\$) 13.86 Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Mailing Service
Date 08/19/2024	Payee name Mailchimp	
Amount (\$) 13.86 Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Mailing Service

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule I:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)		
	Sch: 4/4 Rpt:		Metrocrest Democrats		00080175			
4	Date	5	Payee name					
	09/19/2024		Mailchimp					
6	Amount (\$)	7	Payee Address; City; State; Zip					
	13.86		675 Ponce de Leon Ave NE					
	Expenditure from		Suite 5000					
X	corporate funds		Atlanta, GA 30308					
8	PURPOSE	(a)	Category (See instructions for examples of acceptable categories) (b) Description	(See	instructions regard	ing type of information required.)		
	OF EXPENDITURE		Fees Mailing Service	се				
	LAFLINDITORL							
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