

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) 00089052 | 2 Total pages filed: 6 |
| 3 FILER NAME | MS / MRS / MR FIRST MI | | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX Texas for All | | |
| 4 FILER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 120296 SAN ANTONIO, TX 78212 | | Date Received ELECTRONICALLY FILED 10/07/2024 |
| | | | Date Hand-delivered or Date Postmarked |
| | | | Receipt # Amount |
| | | | Date Processed |
| 5 FILER PHONE | AREA CODE PHONE NUMBER EXTENSION (314) 221-8488 | | Date Imaged |
| 6 REPORT TYPE | <input type="checkbox"/> January 15 | | |
| | <input checked="" type="checkbox"/> 30th day before election | | |
| | <input type="checkbox"/> July 15 | | |
| | <input type="checkbox"/> 8th day before election | | |
| | | <input type="checkbox"/> Runoff | |
| 7 PERIOD COVERED | Month Day Year Month Day Year 09/26/2024 THROUGH 09/26/2024 | | |
| 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 |
| | | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | | A. Supported Ballot ID:null Election Date:2024-11-05 Desc:Dallas, Texas, Proposition R, Marijuana Decriminalization Charter Amendment |
| | | | 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 Texas for All | | 11 Filer ID (Ethics Commission Filers) 00089052 |
| 12 EXPENDITURE TOTALS | 1. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 2. TOTAL POLITICAL EXPENDITURES | \$ 23,760.00 |

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 6

| | | | |
|---|---|--|--|
| 10 FILER NAME Texas for All | | 11 Filer ID (Ethics Commission Filers) 00089052 | |
| 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 | |
| | | B. Opposed | |
| | 2. Measures (describe by date and location of election and nature of issue) | A. Supported | |
| | | B. Opposed Ballot ID:null Election Date:2024-11-05 Desc:Dallas, Texas, Proposition U, Increased Funding and Hiring for Dallas Police Department Charter Amen | |
| | 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) | A. Supported | |
| | | B. Opposed | |
| | 2. Measures (describe by date and location of election and nature of issue) | A. Supported | |
| | | B. Opposed Ballot ID:null Election Date:2024-11-05 Desc:Dallas, Texas, Proposition S, Grants Citizens Standing to Bring Lawsuits Against the City Charter Am | |
| | 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) | A. Supported | |
| | | B. Opposed | |
| | 2. Measures (describe by date and location of election and nature of issue) | A. Supported | |
| | | B. Opposed Ballot ID:null Election Date:2024-11-05 Desc:Dallas, Texas, Proposition T, Require Annual Community Survey Charter Amendment | |
| | 3. Officeholders Assisted (identify by name or, if applicable, classify by party) | | |
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SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
4 of 6

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|---|---|--|-----------|
| 14 FILER NAME Texas for All | | 15 Filer ID (Ethics Commission Filers) 00089052 | |
| 16 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES | \$ | 23,760.00 |
| 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: 1/2 Rpt: 5/6 | 2 FILER NAME Texas for All | 3 Filer ID (Ethics Commission Filers) 00089052 |
| 4 Date 09/26/2024 | 5 Payee name Community Labor Administrative Services | |
| 6 Amount (\$) \$5,940.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2 Nevins St Ste 4 Brooklyn, TX 11217 | |
| 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 in support of Dallas Proposition R, Marijuana Decriminalization Charter Amendment |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2024 | Payee name Community Labor Administrative Services | |
| Amount (\$) \$5,940.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2 Nevins St Ste 4 Brooklyn, TX 11217 | |
| 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 in opposition of Dallas, Texas, Proposition U, Increased Funding and Hiring for |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2024 | Payee name Community Labor Administrative Services | |
| Amount (\$) \$5,940.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2 Nevins St Ste 4 Brooklyn, TX 11217 | |
| 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 in opposition of Dallas, Texas, Proposition T, Require Annual Community Survey |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought 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)

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| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 6/6 | 2 FILER NAME Texas for All | 3 Filer ID (Ethics Commission Filers) 00089052 |
| 4 Date 09/26/2024 | 5 Payee name Community Labor Administrative Services | |
| 6 Amount (\$) \$5,940.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2 Nevins St Ste 4 Brooklyn, TX 11217 | |
| 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 in opposition of Dallas, Texas, Proposition S, Grants Citizens Standing to Bring |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |