

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083026	2 Total pages filed: 8
3 COMMITTEE NAME Workers Defense Action Fund PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/11/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 143001 Austin, TX 78714		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Lizeth		
	NICKNAME LAST SUFFIX Chacon		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5604 Manor Road Austin, TX 78723		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5604 Manor Road Austin, TX 78723		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 657-3924		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/16/2024 10/07/2024		
11 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	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Workers Defense Action Fund PAC	13 Filer ID (Ethics Commission Filers) 00083026
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14 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
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	120,779.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 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.

Ms. Lizeth Chacon

Signature of Campaign Treasurer

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Workers Defense Action Fund PAC		18 Filer ID (Ethics Commission Filers) 00083026
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 472.06
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 457.00
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 347.38

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/3 Rpt: 4/8	2 FILER NAME Workers Defense Action Fund PAC	3 Filer ID (Ethics Commission Filers) 00083026
4 CREDIT CARD ISSUER	Name of financial institution University Federal Credit Union	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$21.31	(b) Date of Charge 07/31/2024
7 PAYEE	(a) Payee name SurePayroll	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) payroll processing fee	(b) Description Payroll system payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$21.31	(b) Date of Charge 09/30/2024
PAYEE	(a) Payee name SurePayroll	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Payroll processing fee	(b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$63.96	(b) Date of Charge 07/31/2024
PAYEE	(a) Payee name Intuit Quickbooks	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/3 Rpt: 5/8	2 FILER NAME Workers Defense Action Fund PAC		3 Filer ID (Ethics Commission Filers) 00083026
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 08/31/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Intuit Quickbooks	(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Quickbooks subscription	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$12.00	(b) Date of Charge 08/31/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 225 Varick Street 12th floor New York, NY 10014	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website hosting subscription fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$69.29	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Intuit Quickbooks	(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Quickbooks subscription	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/3 Rpt: 6/8	2 FILER NAME Workers Defense Action Fund PAC		3 Filer ID (Ethics Commission Filers) 00083026
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 07/31/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Google Suites	(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gmail		(b) Description Gmail subscription payment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google Suites	(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) gmail subscription		(b) Description Gmail subscription payment
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 7/8		2 FILER NAME Workers Defense Action Fund PAC		3 Filer ID (Ethics Commission Filers) 00083026	
4 Date 08/28/2024		5 Payee name Texas Mutual Insurance			
6 Amount (\$) 397.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 2200 Aldrich Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Workers Compensation		(b) Description (See instructions regarding type of information required.) Payment of workers compensation coverage	
Date 07/31/2024		Payee name University Federal Credit Union			
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 9350 Austin, TX 78766			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Bank Fee	
Date 08/31/2024		Payee name University Federal Credit Union			
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 9350 Austin, TX 78766			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Bank Fee	
Date 09/30/2024		Payee name University Federal Credit Union			
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 9350 Austin, TX 78766			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Bank Fee	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 8/8
2 FILER NAME Workers Defense Action Fund PAC		3 Filer ID (Ethics Commission Filers) 00083026
4 Date 07/31/2024	5 Name of person from whom amount is received Texas Mutual Insurance <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78723	8 Amount (\$) \$332.31
	7 Purpose for which amount is received Dividen <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2024	Name of person from whom amount is received University Federal Credit Union <hr/> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766	Amount (\$) \$4.94
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2024	Name of person from whom amount is received University Federal Credit Union <hr/> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766	Amount (\$) \$5.16
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2024	Name of person from whom amount is received University Federal Credit Union <hr/> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766	Amount (\$) \$4.97
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	