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) 00089031 3 COMMITTEE NAME **OFFICE USE ONLY Dallas United for Progress** Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 227272 Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75222 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Willie Mae NAME NICKNAME LAST **SUFFIX** Coleman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3802 York St. STREET **ADDRESS** (Residence or Business) Dallas, TX 75210 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 227272 MAILING **ADDRESS** Dallas, TX 75222 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 213-0179 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 10/14/2024 10/26/2024 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)
Dallas United for Pro	Dallas United for Progress			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)			
		B. Opposed Ballot ID:Prop S Election Date:	2024-11-05 [Desc:Dallas Prop S
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS No check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	336,800.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	288,995.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	95,884.40
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Willie N	1ae Coleman	
		Signature of Cal	mpaign Treası	ırer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Ciamantonia (ff		Drinted some of officers district.	TH 6 . 6	
Signature of officer	aamınıstering oath	Printed name of officer administering oath	ritie of offic	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

12 COMMTTEE NAME 1. Candidates 1. Candid							Page 3 of 16
1. Candidates (detailly by name or, if applicable, classify by parry). COMMITTEE ACTIVITY CAttach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Committee	12 COMMITTEE NAME				13 Fil	er ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop T Election Date:2024-11-05 Desc:Dallas Prop T 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 8. Opposed 9. Supported 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 8. Opposed 9. Measures (Describe by date and location of election and nature of issue.) 9. Opposed 9. Opposed 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 1. Supported 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Mentify by name or, if leave or if applicable, classify by party.)	Dallas United for Progress				00	0089031	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop T Election Date:2024-11-05 Desc:Dallas Prop T 3. Officeholders Assisted (Gently by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (dently by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed 1. Supported 1. Supported 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed 1. Supported 1. Supported 1. Supported 1. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed	ACTIVITY				,		
Committee Comm	paper to complete this		B. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed		(Describe by date and location of election and	A. Supported				
Assisted (Identify by pame or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed			B. Opposed	Ballot ID:Prop T Ele	ction Date:2024-11	1-05 Desc	c:Dallas Prop T
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed B.		Assisted					
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop U Election Date:2024-11-05 Desc:Dallas Prop U 3. Officeholders Assisted (Identify by name or, if		Candidates (Identify by name or, if	A. Supported				
(Describe by date and location of election and nature of issue.) B. Opposed Ballot ID:Prop U Election Date:2024-11-05 Desc:Dallas Prop U 3. Officeholders Assisted (Identify by name or, if	paper to complete this		B. Opposed				
3. Officeholders Assisted (Identify by name or, if		(Describe by date and location of election and	A. Supported				
Assisted (Identify by name or, if			B. Opposed	Ballot ID:Prop U Ele	ection Date:2024-12	1-05 Des	c:Dallas Prop U
		Assisted (Identify by name or, if					

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					4 of 16
		EE NAME ited for Progress	18 Filer ID 00089031	(Ethic	s Commission Filers)
	HEDULE AME OF S	5	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	205,000.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	131,800.54
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 CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9.	9. SCHEDULE E: LOANS				
10	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	288,995.50
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	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	ILE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/16	
2	FILER NAME Dallas Unite	d for Progress		3	Filer ID (Ethics Commiss 00089031	ion Filers)
4				7	Amount of Contribution (\$)	\$75,000.00
8	Principal occu	Washington, DC 20003 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	- Tillopai occu	pation / Job title (See instructions)	Employer (See Instructions	·)		
	Date 10/17/2024	Full name of contributor)		Amount of Contribution (\$)	\$50,000.00
		Washington, DC 20003				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/25/2024	Full name of contributor			Amount of Contribution (\$)	\$80,000.00
	Dringing occu	Washington, DC 20003	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	')		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/16			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Dallas Unite	ed for Progress		00089031		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description		
10/26/2024	Lone Gtar Froject Hom Gdorar		contribution (\$) description \$60,000.00 Digital Advertising		
	7 Contributor address; City; State; Zip Code				
			<u> </u>		
	Washington, DC 20003		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	. —		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
1C If a patrilla star i	is a child law firm of managet(a) (if any) (FOR HIDIOIAL)				
16 ii contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Data	Full name of contributor		Amount of In-kind contribution		
Date 10/26/2024	Full name of contributor out-of-state PAC (ID#: Lone Star Project NonFederal)	Amount of In-kind contribution contribution (\$) description		
10/20/2024	Contributor address; City; State; Zip Code		\$22,734.10 Billboard Advertising		
	Continuotor address, City, State, 21p Code		į į		
			į		
	Washington, DC 20003		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
10/26/2024	Lone Star Project NonFederal		contribution (\$) description \$17,673.44 Text & Phones		
	Contributor address; City; State; Zip Code		\$17,073.441 Text & Fliones		
	Washington, DC 20003		l 🗖 i		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)		
s.pa. 5556	,		,		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
<u></u>					
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
I					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L		SCHEDULE A2
The Instruction Guide explains how to complete this f	form.		Total pages Schedule A2: Sch: 2/2 Rpt: 7/16
2 FILER NAME		_	Filer ID (Ethics Commission Filers)
Dallas United for Progress			00089031
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$	
5 Date 10/26/2024 6 Full name of contributor out-of-state PAC (ID#: Lone Star Project NonFederal 7 Contributor address; City; State; Zip Code)		Amount of 9 In-kind contribution contribution (\$) description \$31,393.00 Billboard Advertising
Washington, DC 20003 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	 - 11 11	Check if travel outside of Texas. Complete Schedule T. DICIAL) (See instructions)
TO Fillicipal occupation 7 300 title (1 OK NON-3001CIAE) (See institutions)	Limployer (FOR NON	1-30	DICIAL) (GGG IIIGRAGAIGIG)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's s	spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

		The Instruction Guide explains how to complete this form.
:	2	FILER NAME

1 Total pages Schedule F1: Sch: 1/9 Rpt: 8/16	FILER NAME Dallas United for Progress	3 Filer ID (Ethics Commission Filers) 00089031
4 Date 10/21/2024	5 Payee name AMAC Consultants-Entertainment& Productions	1
6 Amount (\$) \$53,000.00 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4042 Huckleberry Circle Dallas, TX 75216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 10/23/2024	Payee name AMM Political	
Amount (\$) \$18,829.20	Payee address; City; State; Zip Code 507 N Sylvania	
Expenditure from corporate funds	Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paid Phones
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
10/17/2024	Compete	
Amount (\$) \$60,000.00	Payee address; City; State; Zip Code 1317 Potomac Ave SE	
Expenditure from corporate funds	Washington, DC 20003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	thics Commission www.athics state ty us	Version V/4.1.0.48da51f7

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
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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: 2/9 Rpt: 9/16	Dallas United for Progress 00089031
4 Date	5 Payee name
10/16/2024	Dallas Morning News
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,450.00	1954 Commerce St
Expenditure from corporate funds	Dallas, TX 75201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Print Advertisement
	TimeAdvertisement
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/16/2024	Dallas Voice
Amount (\$)	Payee address; City; State; Zip Code
\$4,400.00	825 Market Center Blvd.
	Suite 240
Expenditure from corporate funds	Dallas, TX 75207
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Print and Digital Ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/15/2024	Dallas Weekly
Amount (\$)	Payee address; City; State; Zip Code
\$9,750.00	2829 South Blvd
¥5,. 55.00	
Expenditure from	Dallas, TX 75215
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Advertorial
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 10/16	Dallas United for Progress	00089031
4 Date	5 Payee name	
10/16/2024	Elaine Law Group	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	1808 S. Good Latimer Expy	
Expenditure from		
corporate funds	Dallas, TX 75226	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PAC Formation
		176 I difficulti
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
10/22/2024	I Messenger Media LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$12,000.00	320 South RL Thornton	
	Suite 100	
Expenditure from corporate funds	Dallas, TX 75203	
PURPOSE		Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	5 1	Check if Austin, TX, officeholder living expense
		Media Buy
Committee ONLY if allowed	Outside the 100 to a health and a second to	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 10/25/2024	Payee name	
	LD Unlimited	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	3703 Bourlan d St	
Expenditure from		
corporate funds	Greenville, TX 75401	
PURPOSE OF	, ,	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

se rraver nse Travel es/Contract Labor OTHE

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor 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: 4/9 Rpt: 11/16	Dallas United for Progress 00089031
4 Date	5 Payee name
10/21/2024	MMS Company Ad Specialties LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,058.38	217 Interstate 35
Expenditure from corporate funds	Desoto, TX 75115
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense T-Shirts
	1-311113
O Complete CNII V if alia	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
·	
Date	Payee name
10/16/2024	Politics United Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	1808 S Good Latimer Expy
Expenditure from corporate funds	Dallas, TX 75226
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Consulting Expense Consulting Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Early Vote Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/O	1
Date	Payee name
10/16/2024	Printed Union.com
Amount (\$)	Payee address; City; State; Zip Code
\$5,488.28	8800 Chancellor Row
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 12/16	Dallas United for Progress	00089031
4 Date	5 Payee name	
10/16/2024	Printed Union.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10,121.38	8800 Chancellor Row	
- Evnanditura from		
Expenditure from corporate funds	Dallas, TX 75247	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE		Check if Austin, TX, officeholder living expense Postcards
		Posicalus
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Data		
Date	Payee name	
10/24/2024	Raven Edge Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$46,718.45	4926 Berridge Ln	
Expenditure from		
corporate funds	Dallas, TX 75227	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvass Management
		Ca. Nation Management
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
10/17/2024	Raven Edge Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$7,500.00	4926 Berridge Ln	
Expenditure from		
corporate funds	Dallas, TX 75227	
PURPOSE OF	,	Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Canvass Management
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		0.1100 1.1010

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor 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: 6/9 Rpt: 13/16	Dallas United for Progress 00089031		
4 Date	5 Payee name		
10/16/2024	Raven Edge Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$35,500.00	4926 Berridge Ln		
Expenditure from corporate funds	Dallas, TX 75227		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.		
	Canvass Management		
	Sanvass Wanagement		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		
Date	Davies same		
	Payee name		
10/22/2024	Raven Edge Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$306.90	4926 Berridge Ln		
Expenditure from			
corporate funds	Dallas, TX 75227		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		
	Check if Austin, TX, officeholder living expense		
	Vendor Management		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			
Date	Payee name		
10/21/2024	Signage Systems		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,252.91	7900 Ferguson Rd		
Expenditure from			
corporate funds	Dallas, TX 75228		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Signs		
Operation Children	Ora didata (Office hadden grown		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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: 7/9 Rpt: 14/16	Dallas United for Progress 00089031		
4 Date	5 Payee name		
10/17/2024	Vista Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$15.00	3225 Martin Luther King Jr Blvd		
Expenditure from corporate funds	Dallas, TX 75210		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Wire Fee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Davies same		
	Payee name		
10/16/2024	Vista Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$15.00	3225 Martin Luther King Jr Blvd		
Expenditure from			
corporate funds	Dallas, TX 75210		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Wire Fee		
	Wile ree		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
10/16/2024	Vista Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$15.00	3225 Martin Luther King Jr Blvd		
Expenditure from			
corporate funds	Dallas, TX 75210		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
LAI LINDITURE	Check if Austin, TX, officeholder living expense		
	Wire Fee		
Operation Children	Ora didata (Office hadden grown		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica				
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: Sch: 8/9 Rpt: 15/16	2 FILER NAME Dallas United for Progress 3 Filer ID (Ethics Commission Filers) 00089031			
4 Date 10/16/2024	5 Payee name Vista Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$15.00	3225 Martin Luther King Jr Blvd			
Expenditure from corporate funds	Dallas, TX 75210			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Wire Fee			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/16/2024	Vista Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	3225 Martin Luther King Jr Blvd			
Expenditure from corporate funds	Dallas, TX 75210			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Wire Fee			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/16/2024	Vista Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	3225 Martin Luther King Jr Blvd			
	· · · · · · · · · · · · · · · · · · ·			
Expenditure from corporate funds	Dallas, TX 75210			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Wire Fee			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 16/16	Dallas United for Progress	00089031
4 Date	5 Payee name	·
10/16/2024	Vista Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$15.00	3225 Martin Luther King Jr Blvd	
Expenditure from		
corporate funds	Dallas, TX 75210	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wire Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	Н	
Date	Payee name	
10/16/2024	Vista Bank	
Amount (\$)	Payee address; City; State; Zip Code	9
\$15.00	3225 Martin Luther King Jr Blvd	
Expenditure from corporate funds	Dallas, TX 75210	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wire Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	Н	