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) 00085718 3 COMMITTEE NAME **OFFICE USE ONLY Equity Action** Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 300812 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rebecca R. NAME NICKNAME LAST **SUFFIX** Webber STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4228 Threadgill St STREET **ADDRESS** (Residence or Business) Austin, TX 78723 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4228 Threadgill St MAILING **ADDRESS** Austin, TX 78723 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 669-9506 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 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 10/26/2024 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

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Equity Action		00085718	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by p	A. Supported Doug Greco Austin Mayor		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and I of election and nature of the second sec			
	B. Opposed		
Officeholders Assisted (Identify by name or, if applicable, classify by particular)	arty.)		
TOTALS PLEDGES, LC CONTRIBUTION	MIZED POLITICAL CONTRIBUTIONS (OTHER THAN DANS, OR GUARANTEES OF LOANS, OR DNS MADE ELECTRONICALLY) s report qualifies for the higher itemization threshold	\$	0.00
	ITICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	501.89
EXPENDITURE 3. TOTAL UNITE TOTALS	MIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POL	ITICAL EXPENDITURES	\$	37,748.15
	ICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$	199,864.24
	CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		<u> </u>	
	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
	Rebecca	R. Webber	
	Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY STAMP / SEAL AB	BOVE		
Sworn to and subscribed before me, by the	said, t	his the	day
	ertify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 17

							rage 3 01 17
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Equity Action					00085718	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mike Siegel	District 7 Austin Cit	y Council	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Krista Laine	District 6 Austin Cit	ty Council	
	(Attach lists on plain paper to complete this report if necessary.)		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Monica Guz	man District 4 Austi	n City Council	
	(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				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

				13 Filer ID	(Ethiro Commission Ethiro)
				13 FIIEL ID	(Ethics Commission Filers)
				00085718	
1. Candidates (Identify by name or, if applicable, classify by party.)					
2. Measures (Describe by date and location of election and nature of issue.)					
	B. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Delia Garza	Travis County Atto	orney	
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				
Assisted (Identify by name or, if		Jose Garza	District Attorney		
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders A. Supported B. Opposed 3. Opposed A. Supported Jose Garza Jose Garza Jose Garza Jose Garza	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed Jose Garza District Attorney Assisted (Identify by name or, if applicable, classify by name or, if applicable, classify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported A. Supported Delia Garza Travis County Attorney A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Jose Garza District Attorney 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 17
l	MITTE	EE NAME ion	18 Filer ID 00085718	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 501.89
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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	\$ 37,748.15
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 TO FILER	RETURNED	\$
I				

	MONET	ARY POLITICAL (CONTRIBUTIO)N	S		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 6/17		
2	FILER NAME Equity Action				3	Filer ID (Ethics Commission 00085718	n Filers)	
4	Date 10/26/2024	5 Full name of contributor Collins, Elton6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78745						
8	Principal occu retired	pation / Job title (See Instructions	s)	9	Employer (See Instructions retired	5)		
	Date 09/14/2024	Full name of contributor Collins, Ray Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78745 pation / Job title (See Instructions	s)	<u> </u>	Employer (See Instructions	<u> </u> s)		
	retired	(,		none	,		
	Date 09/25/2024	Full name of contributor Heard, Elizabeth Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$58.21
		Austin, TX 78748						
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions None	5)		
	Date 10/20/2024	Full name of contributor Stevenson, Coleman Contributor address; City; S Austin, TX 78723	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$21.37
	Principal occu Partner	pation / Job title (See Instructions	s)		Employer (See Instructions HEB	5)		
	Date 08/30/2024	Full name of contributor Turner, John Contributor address; City; S Austin, TX 78759	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$63.47
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions none	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/2 Rpt: 7/17	
2	FILER NAME Equity Action			3 Filer ID (Ethics Commission Filers) 00085718	_
4	Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#:_Yancy, Max 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$26.6	3
		Austin, TX 78765			
8	Principal occu Owner	upation / Job title (See Instructions)	9 Employer (See Instructions Plum Creek Records &		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Zeidan, Nakhli Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$105.5a	8
	Principal occu	Austin, TX 78704 upation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 07/21/2024	Full name of contributor out-of-state PAC (ID#:_middlebrooks, jordyn Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$26.6	3
	Principal occu	Austin, TX 78752 upation / Job title (See Instructions) anner	Employer (See Instructions Reimagine Wealth	ons)	

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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 8/17	Equity Action	00085718
4 Date	5 Payee name	·
10/15/2024	Austin Community Law Center	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$2,000.00	2028 E Ben White Blvd, Ste 240, PMB 5960	
Expenditure from corporate funds	Austin, TX 78741	
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 Legal
		Loga
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		giit Oilide Held
Data		
Date	Payee name	
09/17/2024	Collective Campaigns	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$520.00	9901 Brodie Ln- Ste # 160	
Expenditure from		
corporate funds	Austin, TX 78748	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Texting
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnit Onice neid
Data		
Date 10/21/2024	Payee name Ground Game Texas	
Amount (\$)	Payee address; City; State; Zip Co	ode .
\$3,625.00	PO Box 383	
Expenditure from		
corporate funds	Manchaca, TX 78652	
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 Legal
		Logal
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gii. Oilioc noid
İ		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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: 2/10 Rpt: 9/17	Equity Action 00085718
4 Date	5 Payee name
10/18/2024	Ground Game Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 383
- "	
Expenditure from corporate funds	Manchaca, TX 78652
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Consulting
	Consuming
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/13/2024	Ground Game Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2,575.00	PO Box 383
+=,0.0.00	
Expenditure from corporate funds	Manchaca, TX 78652
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 Legal
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/19/2024	Ground Game Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,475.00	PO Box 383
Ψ1,410.00	1 0 200 000
Expenditure from corporate funds	Manchaca, TX 78652
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 Legal
	Logal
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	·
1 Total pages Schedule F1: Sch: 3/10 Rpt: 10/17	2 FILER NAME Squity Action Squity Action Gethics Commission Filers O0085718
·	1 2
4 Date	5 Payee name
10/11/2024	Haynie & Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$450.00	8303 N Mopac Expy suite a-120
Expenditure from	A
corporate funds	Austin, TX 78759
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Accounting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/17/2024	Haynie & Company
	, , ,
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	8303 N Mopac Expy suite a-120
Formanditure from	
Expenditure from corporate funds	Austin, TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Accounting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/09/2024	Haynie & Company
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	8303 N Mopac Expy suite a-120
Expenditure from	Auctin TV 79750
corporate funds	Austin, TX 78759
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Accounting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioliture to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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: 4/10 Rpt: 11/17	Equity Action 00085718
4 Date	5 Payee name
07/08/2024	Haynie & Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$450.00	8303 N Mopac Expy suite a-120
Expenditure from corporate funds	Austin, TX 78759
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Accounting
	Section 1
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
10/11/2024	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$779.04	PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
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
	Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
10/11/2024	Payee name IRS
Amount (\$)	Payee address; City; State; Zip Code
\$779.04	PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 12/17	Equity Action	00085718
4 Date	5 Payee name	
10/11/2024	IRS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$779.04	PO Box 409101	
Expenditure from corporate funds	Ogden, UT 84409	
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
		Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/O	4	
Date	Payee name	
10/11/2024	IRS	
Amount (\$)	Payee address; City; State; Zip Code	
\$779.04	PO Box 409101	
Expenditure from corporate funds	Ogden, UT 84409	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Taxes
		Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/O	-1	
Date	Payee name	
10/11/2024	IRS	
Amount (\$)	Payee address; City; State; Zip Code	
\$779.04	PO Box 409101	
Expenditure from		
corporate funds	Ogden, UT 84409	
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
		Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/O	4	

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 complete this form.
1 Total pages Schedule F1: Sch: 6/10 Rpt: 13/17	2 FILER NAME Equity Action 3 Filer ID (Ethics Commission Filers) 00085718
4 Date 10/11/2024	5 Payee name IRS
6 Amount (\$) \$779.04	7 Payee address; City; State; Zip Code PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 10/11/2024	Payee name IRS
Amount (\$) \$779.04	Payee address; City; State; Zip Code PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Taxes
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 10/11/2024	Payee name IRS
Amount (\$) \$779.04	Payee address; City; State; Zip Code PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 7/10 Rpt: 14/17	Equity Action 00085718					
4 Date	5 Payee name					
10/10/2024	Mailchimp					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$191.88	405 N Angier Ave. NE.					
Expenditure from						
corporate funds	Atlanta, GA 30308					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Consulting					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	H					
Date	Payee name					
09/09/2024	Mailchimp					
Amount (\$)	Payee address; City; State; Zip Code					
\$191.88	405 N Angier Ave. NE.					
Expenditure from corporate funds	Atlanta, GA 30308					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Email Server					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
08/12/2024	Mailchimp					
Amount (\$)	Payee address; City; State; Zip Code					
\$191.88	405 N Angier Ave. NE.					
,-3-1 33						
Expenditure from corporate funds	Atlanta, GA 30308					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
LXI LINDITORE	Check if Austin, TX, officeholder living expense					
	Email Server					
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/10 Rpt: 15/17 **Equity Action** 00085718 4 Date Payee name Mailchimp 07/10/2024 6 Amount (\$) Payee address; City; State; Zip Code \$191.88 405 N Angier Ave. NE. Expenditure from Atlanta, GA 30308 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Server** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/11/2024 Mitchell, Kathy Amount (\$) Payee address; City; State; Zip Code \$2,450.46 PO Box 13551 Expenditure from Austin, TX 78711 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Director Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2024 Mitchell, Kathy Amount (\$) Payee address: City: State; Zip Code \$2,450.46 PO Box 13551 Expenditure from corporate funds Austin, TX 78711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Director Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 16/17	Equity Action	00085718
4 Date	5 Payee name	<u> </u>
09/16/2024	Mitchell, Kathy	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1,006.69	PO Box 13551	
, ,		
Expenditure from corporate funds	Austin, TX 78711	
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.
		Check if Austin, TX, officeholder living expense Political Director
		Folitical Director
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		agrit Office field
Date	Payee name	
09/12/2024	Mitchell, Kathy	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,569.14	PO Box 13551	
Expenditure from corporate funds	Austin, TX 78711	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Political Director
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held
experientare to benefit 6/61		
Date	Payee name	
08/29/2024	Mitchell, Kathy	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,569.14	PO Box 13551	
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Cananios, rragos, coma aor 2005	Check if Austin, TX, officeholder living expense
		Political Director
Complete ONLY if direct	Candidate/Officeholder name Office soil	ught Office held
expenditure to benefit C/OI	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 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 complete this form.								
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)			
Sch: 10/10 Rpt: 17/17	Equity Action			00085718				
4 Date	5 Payee name							
08/14/2024	Mitchell, Kathy							
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de						
\$1,569.14	PO Box 13551							
Expenditure from corporate funds	Austin, TX 78711							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription					
OF EXPENDITURE	Salaries/Wages/Contract Labor	Ch	eck if travel outsid		plete Schedule T.			
			eck if Austin, TX, cal Director	officeholder living	g expense			
		FOIL	cai Director					
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht		Office he	7l4			
expenditure to benefit C/O		giit		Office Tic	Jiu			
Date	Doving name							
07/30/2024	Payee name Mitchell, Kathy							
	·	do						
Amount (\$) \$1,569.14	Payee address; City; State; Zip Cor PO Box 13551	ue						
Φ1,509.14	FO BOX 13331							
Expenditure from corporate funds	Austin, TX 78711							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr						
OF EXPENDITURE	Salaries/Wages/Contract Labor			de of Texas. Com officeholder living	plete Schedule T.			
			cal Director		y expense			
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght		Office he	eld			
expenditure to benefit C/OH								
Date	Payee name							
07/12/2024	Mitchell, Kathy							
Amount (\$)	Payee address; City; State; Zip Coo	de						
\$1,569.14	PO Box 13551							
Expenditure from corporate funds	Austin, TX 78711							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription					
OF EXPENDITURE	Salaries/Wages/Contract Labor				plete Schedule T.			
LAI LABITORE		ш		officeholder living	gexpense			
		POIILI	cal Director					
Complete ONLY if direct	Candidate/Officeholder name Office sou	nht		Office he	ald			
expenditure to benefit C/OH								