

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) 00086876	2 Total pages filed: 41				
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST	SUFFIX				
NAKASEC Action Fund							
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	1809 Hollister St. Suite C202						
<input type="checkbox"/> Change of Address Houston, TX 77080							
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(314) 221-8488							
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election				
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election				
	<input type="checkbox"/> Runoff						
7 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		10/01/2024				10/26/2024	
8 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			11/05/2024		<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 Molly Cook State Senator				
			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.)						
GO TO PAGE 2							

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
COVER SHEET PG 2

10 FILER NAME NAKASEC Action Fund		11 Filer ID (Ethics Commission Filers) 00086876
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 6,878.76

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 41

10 FILER NAME NAKASEC Action Fund	11 Filer ID (Ethics Commission Filers) 00086876
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12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(identify by name or, if applicable, classify by party)</small>	A. Supported Stephanie Morales State Representative
		B. Opposed
	2. Measures <small>(describe by date and location of election and nature of issue)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(identify by name or, if applicable, classify by party)</small>	

12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(identify by name or, if applicable, classify by party)</small>	A. Supported Sean Teare District Attorney, Harris Co.
		B. Opposed
	2. Measures <small>(describe by date and location of election and nature of issue)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(identify by name or, if applicable, classify by party)</small>	

SUBTOTALS - DCE

14 FILER NAME NAKASEC Action Fund		15 Filer ID (Ethics Commission Filers) 00086876
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 6,878.76
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: 1/37 Rpt: 5/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/11/2024	5 Payee name Base Builder	
6 Amount (\$) \$142.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/11/2024	Payee name Base Builder	
Amount (\$) \$17.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/15/2024	Payee name Base Builder	
Amount (\$) \$101.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/37 Rpt: 6/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/16/2024	5 Payee name Base Builder	
6 Amount (\$) \$102.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/17/2024	Payee name Base Builder	
Amount (\$) \$50.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/18/2024	Payee name Base Builder	
Amount (\$) \$67.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/37 Rpt: 7/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/19/2024	5 Payee name Base Builder	
6 Amount (\$) \$25.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/21/2024	Payee name Base Builder	
Amount (\$) \$51.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/22/2024	Payee name Base Builder	
Amount (\$) \$140.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 4/37 Rpt: 8/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/22/2024	5 Payee name Base Builder	
6 Amount (\$) \$17.17 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/22/2024	Payee name Base Builder	
Amount (\$) \$76.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/23/2024	Payee name Base Builder	
Amount (\$) \$102.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 5/37 Rpt: 9/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/24/2024	5 Payee name Base Builder	
6 Amount (\$) \$51.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/25/2024	Payee name Base Builder	
Amount (\$) \$51.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/26/2024	Payee name Base Builder	
Amount (\$) \$25.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 6/37 Rpt: 10/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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 - between 10/27-11/5
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/11/2024	Payee name Base Builder	
Amount (\$) \$142.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/11/2024	Payee name Base Builder	
Amount (\$) \$17.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

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: 7/37 Rpt: 11/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/15/2024	5 Payee name Base Builder	
6 Amount (\$) \$101.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/16/2024	Payee name Base Builder	
Amount (\$) \$102.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/17/2024	Payee name Base Builder	
Amount (\$) \$50.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/37 Rpt: 12/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/18/2024	5 Payee name Base Builder	
6 Amount (\$) \$67.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/19/2024	Payee name Base Builder	
Amount (\$) \$25.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/21/2024	Payee name Base Builder	
Amount (\$) \$51.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138

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: 9/37 Rpt: 13/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/22/2024	5 Payee name Base Builder	
6 Amount (\$) \$140.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/22/2024	Payee name Base Builder	
Amount (\$) \$17.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/22/2024	Payee name Base Builder	
Amount (\$) \$76.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138

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: 10/37 Rpt: 14/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/23/2024	5 Payee name Base Builder	
6 Amount (\$) \$102.14 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/24/2024	Payee name Base Builder	
Amount (\$) \$51.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/25/2024	Payee name Base Builder	
Amount (\$) \$51.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

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: 11/37 Rpt: 15/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/26/2024	5 Payee name Base Builder	
6 Amount (\$) \$25.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/26/2024	Payee name Base Builder	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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 - between 10/27-11/5
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/11/2024	Payee name Base Builder	
Amount (\$) \$142.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought Office held District Attorney Place HARRIS

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: 12/37 Rpt: 16/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/11/2024	5 Payee name Base Builder	
6 Amount (\$) \$17.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/15/2024	Payee name Base Builder	
Amount (\$) \$101.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/16/2024	Payee name Base Builder	
Amount (\$) \$102.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 13/37 Rpt: 17/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/17/2024	5 Payee name Base Builder	
6 Amount (\$) \$50.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/18/2024	Payee name Base Builder	
Amount (\$) \$67.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/19/2024	Payee name Base Builder	
Amount (\$) \$25.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 14/37 Rpt: 18/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/21/2024	5 Payee name Base Builder	
6 Amount (\$) \$51.14 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/22/2024	Payee name Base Builder	
Amount (\$) \$140.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/22/2024	Payee name Base Builder	
Amount (\$) \$17.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 15/37 Rpt: 19/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/22/2024	5 Payee name Base Builder	
6 Amount (\$) \$76.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/23/2024	Payee name Base Builder	
Amount (\$) \$102.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/24/2024	Payee name Base Builder	
Amount (\$) \$51.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 16/37 Rpt: 20/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/25/2024	5 Payee name Base Builder	
6 Amount (\$) \$51.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/26/2024	Payee name Base Builder	
Amount (\$) \$25.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/26/2024	Payee name Base Builder	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 77 Sands St 6th Fl Brooklyn, NY 11201	
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 - between 10/27-11/5
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 17/37 Rpt: 21/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/01/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$30.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/01/2024	Payee name The Movement Cooperative	
Amount (\$) \$62.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/01/2024	Payee name The Movement Cooperative	
Amount (\$) \$13.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 18/37 Rpt: 22/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/02/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$10.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$14.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/04/2024	Payee name The Movement Cooperative	
Amount (\$) \$3.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 19/37 Rpt: 23/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/08/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$29.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/09/2024	Payee name The Movement Cooperative	
Amount (\$) \$25.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/11/2024	Payee name The Movement Cooperative	
Amount (\$) \$42.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 20/37 Rpt: 24/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/12/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$21.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/15/2024	Payee name The Movement Cooperative	
Amount (\$) \$107.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/16/2024	Payee name The Movement Cooperative	
Amount (\$) \$13.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 21/37 Rpt: 25/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/17/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$53.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/18/2024	Payee name The Movement Cooperative	
Amount (\$) \$53.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/19/2024	Payee name The Movement Cooperative	
Amount (\$) \$53.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 22/37 Rpt: 26/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/21/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$25.13 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/22/2024	Payee name The Movement Cooperative	
Amount (\$) \$12.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/22/2024	Payee name The Movement Cooperative	
Amount (\$) \$17.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 23/37 Rpt: 27/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/23/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$74.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$41.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15
Date 10/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$166.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Software - between 10/27-11/5
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator District 15

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: 24/37 Rpt: 28/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/01/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$30.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/01/2024	Payee name The Movement Cooperative	
Amount (\$) \$62.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/01/2024	Payee name The Movement Cooperative	
Amount (\$) \$13.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/37 Rpt: 29/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/02/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$10.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$14.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/04/2024	Payee name The Movement Cooperative	
Amount (\$) \$3.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138

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: 26/37 Rpt: 30/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/08/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$29.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/09/2024	Payee name The Movement Cooperative	
Amount (\$) \$25.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/11/2024	Payee name The Movement Cooperative	
Amount (\$) \$42.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138

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: 27/37 Rpt: 31/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/12/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$21.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/15/2024	Payee name The Movement Cooperative	
Amount (\$) \$107.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/16/2024	Payee name The Movement Cooperative	
Amount (\$) \$13.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

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: 28/37 Rpt: 32/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/17/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$53.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/18/2024	Payee name The Movement Cooperative	
Amount (\$) \$53.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/19/2024	Payee name The Movement Cooperative	
Amount (\$) \$53.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

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: 29/37 Rpt: 33/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/21/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$25.13 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/22/2024	Payee name The Movement Cooperative	
Amount (\$) \$12.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138
Date 10/22/2024	Payee name The Movement Cooperative	
Amount (\$) \$17.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought State Representative District 138

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: 30/37 Rpt: 34/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/23/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$74.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$41.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138
Date 10/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$166.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Software - between 10/27-11/5
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Morales, Stephanie	Office sought Office held State Representative District 138

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: 31/37 Rpt: 35/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/01/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$30.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/01/2024	Payee name The Movement Cooperative	
Amount (\$) \$62.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/01/2024	Payee name The Movement Cooperative	
Amount (\$) \$13.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 32/37 Rpt: 36/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/02/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$10.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$14.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/04/2024	Payee name The Movement Cooperative	
Amount (\$) \$3.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 33/37 Rpt: 37/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/08/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$29.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/09/2024	Payee name The Movement Cooperative	
Amount (\$) \$25.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/11/2024	Payee name The Movement Cooperative	
Amount (\$) \$42.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/37 Rpt: 38/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/12/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$21.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/15/2024	Payee name The Movement Cooperative	
Amount (\$) \$107.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/16/2024	Payee name The Movement Cooperative	
Amount (\$) \$13.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 35/37 Rpt: 39/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/17/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$53.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/18/2024	Payee name The Movement Cooperative	
Amount (\$) \$53.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/19/2024	Payee name The Movement Cooperative	
Amount (\$) \$53.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 36/37 Rpt: 40/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/21/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$25.13 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/22/2024	Payee name The Movement Cooperative	
Amount (\$) \$12.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/22/2024	Payee name The Movement Cooperative	
Amount (\$) \$17.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS

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: 37/37 Rpt: 41/41	2 FILER NAME NAKASEC Action Fund	3 Filer ID (Ethics Commission Filers) 00086876
4 Date 10/23/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$74.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Phonebanking software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$41.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Textbanking software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS
Date 10/26/2024	Payee name The Movement Cooperative	
Amount (\$) \$166.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 67104 Newark, NJ 07101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Software - between 10/27-11/5
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Teare, Sean	Office sought District Attorney Place HARRIS