### CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 Filer ID (Eth		Total pages filed				
1 Filer ID (Ethics Commission Filers) 2 Total pages filed:   00083026 6			OFFICE USE ONLY			
					Date Received	
3 COMMITTEE NAME	Workers Defense Action Fund PAC				ELECTRONICAL	LY FILED
	Chappen Lingth (Mr.)				10/29/2024	
4 TREASURER NAME	Chacon, Lizeth (Ms.)					
	<u> </u>				Date Hand-delivered or D	ate Postmarked
5 ORIGINAL REPORT TYPE	January 15		noff		Receipt #	Amount
	July 15		h day after campaign treasurer	resignation	Receipt #	Amount
	30th day before election   X 8th day before election		solution report er (specify)		Date Processed	
6 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	,	ear	Date Imaged	
	10/08/2024	micoodi	10/26/2024			
7 EXPLANATION OF (		the eveter and did	a't aivo us the additional 2 t	ancastions	wo caught it today	and co we are fiving
	A reconciliation had a bug in the error to ensure our report		it give us the additional 3 tr	ansactions -	- we caught it today	anu so we are fixing
8 AFFIDAVIT					4h a4 4h;	
			vear, or affirm, under penalt d correct.	iy of perjury,	, mat this corrected r	eport is true
		Ch	eck the box next to any and	l all applicab	le statements:	
		<b>—</b>	Semiannual reports:	Swear or a	ffirm that the origina	al report
			was made in good faith a misrepresent the informa	and without a	an intent to mislead	
		x	Other reports: I swea	ur, or affirm, t	that I am filing this c	orrected
			report not later than the 1	14th busines	ss day after the date	I learned
			that the report as original swear, or affirm, that any filed was made in good fa	error or om		
			Ms	s. Lizeth Cł	hacon	
			Signature	e of Campai	gn Treasurer	
AFFIX NOTARY ST	TAMP / SEAL ABOVE					
Sworn to and subso	cribed before me, by the said			, this th	e	day
of	, 20, to certif	y which, witness my				
Signature of offic	er administering oath	Printed name of c	officer administering oath	т	itle of officer adminis	stering oath
2.9.1.4.0 01 0110	Jan Start St			•		
			f The Campaign Fina And Explain Correction		ort Form	

### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.    1 Filer ID (Ethics Commission Filers)   00083026			ers)	2 Total pages filed: 6			
3 COMMITTEE NAME					OFFICE USE ONLY		
Workers Defense Action Fund PAC				Date Received ELECTRONICALLY FILED			
			<b>T</b> \/.			10/29/2024	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI PO BOX 143001	IY;	STATE;	ZIP CODE		
	_	FO BOX 143001				Date Hand-delivered or	Date Postmarked
	Change of Address	Austin, TX 78714				Receipt #	Amount
						Date Processed	•
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST				MI	
	TREASURER NAME	Ms. Lizeth					
		NICKNAME LAST				SUFFIX	
		Chacon					
						07.0	
6	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 5604 Manor Road		APT / SUI	TE #; CITY;	STA	TE; ZIP CODE
	(Residence or Business)	Austin, TX 78723					
7	CAMPAIGN	STREET OR PO BOX;		APT / SL	JITE #; CITY;	ST	ATE; ZIP CODE
	TREASURER MAILING ADDRESS	5604 Manor Road					
	Change of Address	Austin, TX 78723					
8			EX	ENSION			
	TREASURER PHONE	(469) 657-3924					
9	REPORT TYPE	January 15 3	0th c	lay before election		Dissolution (Attach	PAC-DR)
	TTPE		th da	y before election		10th day after cam	paign treasurer
		July 15	uno	f		termination	
			uno				
10	PERIOD COVERED	Month Day Year 10/08/2024 T	HR	DUGH	Month Day 10/26/2024	Year 1	
11	ELECTION	ELECTION DATE		ELE	ECTION TYPE		
		11/05/2024	Prim Gene		Runoff Special	Other	
		X			Spoola		
	GO TO PAGE 2						
Foi	rms provided by Te	xas Ethics Commission www.e	thic	s.state.tx.us		Versio	on V4.1.0.48da51f7

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Workers Defense Actior	Fund PAC		00083026	;
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Averie Bishop State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	57,992.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	89,687.60
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT		l swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Lizet	h Chacon	
		Signature of Car	npaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

FORM GPAC
<b>COVER SHEET PG 3</b>

			4 of 6
17 COMMITTEE NAME 18 Filer ID (			(Ethics Commission Filers)
Workers I			
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$
9. SCHEDULE E: LOANS			\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 57,992.59
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SUBTOTALS - GPAC

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/2 Rpt: 5/6	2 FILER NAME 3 Filer ID (Ethics Commission Filers)   Workers Defense Action Fund PAC 00083026						
4 Date	5 Pavee name						
10/08/2024	5 Payee name DFW Custom Imprints						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$2,318.77	3710 Rawlins St						
φ2,510.17							
Expenditure from	Suite 1420						
corporate funds	Dallas, TX 75219						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	lit for canvass and shirts						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
10/09/2024	DFW Custom Imprints						
Amount (\$)	Payee address; City; State; Zip Code						
.,							
\$1,615.82	3710 Rawlins St						
Expenditure from	Suite 1420						
corporate funds	Dallas, TX 75219						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	lit for canvass						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	5						
Date	Payee name						
10/09/2024	Kickin Ass Takin Names						
Amount (\$)	Payee address; City; State; Zip Code						
\$27,029.00	6717 Mount Carmel St						
. ,							
Expenditure from corporate funds	Houston, TX 77087						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Salaries/Wages/Contract Labor						
EAFENDITURE	Check if Austin, TX, officeholder living expense						
	Payment for Contract for Field work in support of						
	candidate						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertisity Ergenies Construities Springe Construities Springe Construities Springe Construities Springe Construities Springe Construities Springe Construities Springe Construities Construities Participation State Springe Construities Construities Participations Springe Springe Construities Participations Springe Springe Springe Springe Construities Participations Springe Sp				
Sch: 2/2 Rpt: 6/6 Workers Defense Action Fund PAC 00083026   4 Date 10/23/2024 5 Payee name Kickin Ass Takin Names 5 Payee address; City; State; Zip Code 6717 Mount Carmel St   6 Amount (\$) \$27,029.00 7 Payee address; City; State; Zip Code 6717 Mount Carmel St 6717 Mount Carmel St   Expenditure from corporate funds Houston, TX 77087 Houston, TX 77087   8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payment for field work   9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Loan Fees Offici Food/Beverage Expense Pollir y - Gift/Awards/Memorials Expense Printi al Committee Legal Services Salar	Repayment/Reimbursement c Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District
Sch: 2/2 Rpt: 6/6 Workers Defense Action Fund PAC 00083026   4 Date 10/23/2024 5 Payee name Kickin Ass Takin Names 5 Payee address; City; State; Zip Code 6717 Mount Carmel St   6 Amount (\$) \$27,029.00 7 Payee address; City; State; Zip Code 6717 Mount Carmel St 6 Amount Carmel St   Expenditure from corporate funds Houston, TX 77087 Houston, TX 77087   8 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Consulting Expense payment for Houston TX, officeholder living expense payment for Houston   9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	1 Total pages Schedule E1:		3	Filer ID (Ethics Commission Filers)
10/23/2024 Kickin Ass Takin Names   6 Amount (\$) 7 Payee address; City; State; Zip Code   \$27,029.00 6717 Mount Carmel St   b Expenditure from corporate funds   Houston, TX 77087   8 PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Consulting Expense   9 Complete ONLY if direct   Candidate/Officeholder name Office sought			5	
10/23/2024 Kickin Ass Takin Names   6 Amount (\$) 7 Payee address; City; State; Zip Code   \$27,029.00 6717 Mount Carmel St   Expenditure from corporate funds Houston, TX 77087   8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payment for field work   9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	4 Date	5 Pavee name		
\$27,029.00 6717 Mount Carmel St   Expenditure from corporate funds Houston, TX 77087   8 PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Consulting Expense   (b) Description   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   payment for field work   9 Complete ONLY if direct				
Image: Corporate funds Houston, TX 77087   8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payment for field work   9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	.,		Code	
OF EXPENDITURE Consulting Expense Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense payment for field work   9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Houston, TX 77087		
	OF		Check if travel outsi	officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought	Office held