#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016291 3 COMMITTEE NAME **OFFICE USE ONLY** National Association of Social Workers/Texas Political Action For Candidate Election Date Received **ELECTRONICALLY FILED** 11/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 810 W. 11th St. Change of Address Austin, TX 78701-2010 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Will NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Francis** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 810 W. 11th St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 810 W. 11th St. MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 474-1454 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

**GO TO PAGE 2** 

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
National Association	of Social Workers/Texas	Political Action For Candidate Election	0001629	1
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Armando Walle		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	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	\$	9,250.00
	2. TOTAL POLITICA (OTHER THAN PLEI	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,350.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,638.35
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u>I</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation requir	e accompanying report is ed to be reported by me
		Mr. Wil	l Francis	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, ti	nis 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 of	ficer administering oath

					Page 3 of 36
12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)		
National Association of So	ocial Workers/Texas F	Political Action	For Candidate Election	00016291	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		James Talarico		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Wilkerson		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Gina Hinojosa		
(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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				

				Page 4 of 36
2 COMMITTEE NAME ational Association of So	ocial Workers/Texas F	Political Action For Candidate Ele	<b>13</b> Filer ID 00016291	(Ethics Commission Filers)
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Gene Wu	I	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christian Manue	!	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ann Johnson		
(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		
		Б. Оррозси		_
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)			

				Page 5 of 36
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
National Association of Sc	ocial Workers/Texas F	Political Action For Candidate Election	00016291	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Boris Miles		
(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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Doug Peterson		
(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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jennie Birkholz		
(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		
	2. Office believe			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

					Page 6 of 36
12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)		
National Association of So	ocial Workers/Texas F	olitical Action	For Candidate Election	n 00016291	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dawn Richardson	-	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Hava Johnston		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Adrienne Bell		
(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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				

						Page 7 of 36
12 COMMITTEE NAME				13 Filer	ID (E	thics Commission Filers)
National Association of So	ocial Workers/Texas F	Political Action	For Candidate Election	on 0001	16291	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jennifer Lee			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Eddie Morales			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Zwiener Erin			
(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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					

						Page 8 of 36
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
National Association of S	ocial Workers/Texas F	olitical Action	For Candidate Elect	tion	00016291	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mary Gonzalez			
(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				
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)	)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Vicki Goodwin			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures    (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jose Menendez			
(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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	)				

					Page 9 of 36
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
National Association of S	ocial Workers/Texas F	olitical Action	For Candidate Election	00016291	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mihaela Plesa	•	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Salman Bhojani		
(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			
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Bryant		
(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			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				

				Page 10 of 36
			13 Filer ID	(Ethics Commission Filers)
ocial Workers/Texas F			00016291	
Candidates (Identify by name or, if applicable, classify by party.)		Drew Darby		
	B. Opposed			
Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)	) <u> </u>			
Candidates (Identify by name or, if applicable, classify by party.)		Toni Rose		
	B. Opposed			
Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable classify by name)				
Candidates  (Identify by name or, if	A. Supported	Terry Meza		
	B. Opposed			
Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted (Identify by name or, if				
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported  5. Opposed  6. Supported  6. Supported  7. A. Supported  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed	(identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  5. Opposed  6. Opposed  7. Candidates (identify by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  8. Opposed	ocial Workers/Texas Political Action For Candidate Election  1. Candidates (dentity by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  1. Candidates (describe by date and location of election and nature of issue.)  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  4. Supported Toni Rose  2. Measures (Describe by date and location of election and nature of issue.)  5. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  6. Opposed  7. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  8. Opposed  7. Supported Terry Meza (dentity by name or, if applicable, classify by party.)  8. Opposed  7. Supported Terry Meza (Describe by date and location of election and nature of issue.)  8. Opposed  8. Opposed  8. Opposed  9. Opposed  9. Opposed  1. Candidates (Describe by date and location of election and nature of issue.)  9. Opposed  1. Candidates (Describe by date and location of election and nature of issue.)  1. Candidates (Describe by date and location of election and nature of issue.)  1. Candidates (Describe by date and location of election and nature of issue.)  8. Opposed  9. Opposed

					Page 11 of 36
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
National Association of Sc	ocial Workers/Texas F	Political Action	For Candidate Election	00016291	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lalani Suleman		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sefronia Thompson		
(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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sarah Eckhardt		
(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			
	Officeholders     Assisted     (Identify by name or, if applicable classify by name)				
ACTIVITY  (Attach lists on plain paper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	A. Supported  B. Opposed  A. Supported  B. Opposed	Sarah Eckhardt		

					Page 12 of 36
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ational Association of S	ocial Workers/Texas F	Political Action	For Candidate Election	00016291	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Royce West		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ron Reynolds		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Penny Morales Shaw		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				

				Page 13 of 36
			13 Filer ID	(Ethics Commission Filers)
ວcial Workers/Texas F			00016291	
Candidates (Identify by name or, if applicable, classify by party.)		Nathan Johnson		
	B. Opposed			
Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)	)			
Candidates (Identify by name or, if applicable, classify by party.)		Lulu Flores		
	B. Opposed			
Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable classify by name).				
Candidates  (Identify by name or, if	A. Supported	Jon Rosenthal		
	B. Opposed			
Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted (Identify by name or, if				
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  B. Opposed	(identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  4. Supported Jon Rosenthal ocation of election and nature of issue.)  B. Opposed  3. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed	ocial Workers/Texas Political Action For Candidate Election  1. Candidates (dentity by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  1. Candidates (dentity by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and neutre of issue.)  B. Opposed  2. Measures (Describe by date and location of election and neutre of issue.)  B. Opposed  2. Measures (Describe by date and location of election and neutre of issue.)  B. Opposed  3. Officeholders (dentity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders (dentity by name or, if applicable, classify by party.)  B. Opposed  4. Supported Jon Rosenthal (dentity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders (Describe by date and location of election and neutre of issue.)  B. Opposed  3. Officeholders (Describe by date and location of election and neutre of issue.)  B. Opposed  3. Officeholders (Describe by date and location of election and neutre of issue.)  B. Opposed  3. Officeholders (Describe by date and location of election and neutre of issue.)  B. Opposed

				Page 14 of 36
2 COMMITTEE NAME ational Association of So	ocial Workers/Texas F	Political Action For Candidate Election	<b>13</b> Filer ID 00016291	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Joe Moody		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported John Bucy		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Noah Lopez		
(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		
		о. орро		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

						Page 15 of 36
2 COMMITTEE NAME  lational Association of So	ocial Workers/Texas F	Political Action F	For Candidate Elect	<b>13</b> File	er ID 0016291	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dev Merugumala			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported [	Darrel Evans			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Judith Zaffirini			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed				
		В. Орроѕеи				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

					Page 16 of 36
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
National Association of So	ocial Workers/Texas F	Political Action	For Candidate Election	00016291	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rachel Mello		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephen Wyman		
(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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Brett Robinson		
(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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)	)			
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	B. Opposed			

					Page 17 of 36
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ational Association of S	ocial Workers/Texas F	Political Action	For Candidate Election	00016291	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Chuck Crews		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
	,	B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan		
(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				
COMMITTEE	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Daniel Lee		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)	)			

al Workers/Texas F	Political Action		13	Filer ID	(Ethics Commission Filers)
	Political Action				(241100 0011111110010111 11010)
Candidates			on	00016291	
dentify by name or, if pplicable, classify by party.)		Detrick DeBurr			
	B. Opposed				
2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported				
ŕ	B. Opposed				
B. Officeholders Assisted		_			_
dentify by name or, if pplicable, classify by party.)	)				
Candidates  Identify by name or, if pplicable, classify by party.)		Merrie Fox			
	B. Opposed				
2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported				
	B. Opposed				
B. Officeholders Assisted					
	A. Supported	Perla Bojorquez			
	B. Opposed				
2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported				
	B. Opposed				
B. Officeholders Assisted					
B. Idep B. Doda B. Idep B. Ide	Officeholders Assisted lentify by name or, if plicable, classify by party.)  Measures escribe by date and cation of election and ture of issue.)  Officeholders Assisted lentify by name or, if plicable, classify by party.)  Measures escribe by date and cation of election and ture of issue.)  Officeholders Assisted lentify by name or, if plicable, classify by party.)  Candidates lentify by name or, if plicable, classify by party.)  Measures escribe by date and cation of election and ture of issue.)  Measures escribe by date and cation of election	Measures escribe by date and cation of election and ture of issue.)  B. Opposed  Officeholders Assisted  lentify by name or, if applicable, classify by party.)  Candidates lentify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  A. Supported  A. Supported  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  A. Supported  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed	Measures escribe by date and atture of issue.)  B. Opposed  Officeholders Assisted lentify by name or, if plicable, classify by party.)  B. Opposed  A. Supported Merrie Fox  A. Supported Merrie Fox  B. Opposed  Measures escribe by date and atture of issue.)  B. Opposed  A. Supported Merrie Fox  B. Opposed  Measures B. Opposed  A. Supported  B. Opposed  Deficeholders Assisted  B. Opposed  B. Opposed  B. Opposed  B. Opposed  Deficeholders Assisted  B. Opposed	Measures escribe by date and attain of election and ture of issue.)  Difficeholders Assisted lentify by name or, if pilicable, classify by party.)  Candidates lentify by name or, if pilicable, classify by party.)  B. Opposed  A. Supported Merrie Fox lentify by name or, if pilicable, classify by party.)  B. Opposed  A. Supported  A. Supported  Difficeholders Assisted lentify by name or, if pilicable, classify by party.)  Candidates lentify by name or, if pilicable, classify by party.)  B. Opposed  A. Supported  Difficeholders Assisted lentify by name or, if pilicable, classify by party.)  B. Opposed  A. Supported  Difficeholders Assisted lentify by name or, if pilicable, classify by party.)  B. Opposed  Difficeholders Assisted lentify by name or, if pilicable, classify by party.)  B. Opposed	Measures escribe by date and attion of election and ture of issue.)  B. Opposed  Officeholders Assisted lentify by name or, if election and ture of issue.)  B. Opposed  A. Supported Merrie Fox  Measures escribe by date and adation of election and ture of issue.)  B. Opposed  A. Supported  A. Supported  Deficeholders Assisted  B. Opposed  A. Supported  B. Opposed  Deficeholders Assisted  B. Opposed  A. Supported  B. Opposed  Deficeholders Assisted  B. Opposed  Deficeholders Assisted  B. Opposed  Deficeholders A. Supported  B. Opposed  Deficeholders A. Supported  Deficeholders A. Supported

## FORM MPAC

			Page 19 of 36
12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
	cial Workers/Texas F	Political Action For Candidate Election	00016291
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported Scott White	<b>'</b>
(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	
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Todd Hunter	
(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	
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		

## **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

20 of 36

				20 of 36
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)				ssion Filers)
Nationa	Association of Social Workers/Texas Political Action For Candidate Election	00016291		
	ILE SUBTOTALS F SCHEDULE		SUBTOTA	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,250.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	₹	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	9,350.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

PLEI	OGED CONTRIBU	HONS			SC	HEDULE B
Т	he Instruction Guide exp	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 21/36			
2 FILER N	AME			3	Filer ID (Ethics Commissi	on Filers)
National	National Association of Social Workers/Texas Political Action For Candidate				00016291	
4 TOTAL	OF UNITEMIZED PLEDO	SES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (II	D#:	_) 8		description
	7 Pledgor Address;	City; State; Zip Co	de		pledge (\$)   (If ap	oplicable)
					I I Check if travel outside of Texas.	Complete Schedule T
10 Principal	occupation / Job title (See Instru	ıctions)	11 Employer (See In	nstructi	ons)	

	LOANS					SCHEDULE	: E
	The Instruction	The Instruction Guide explains how to complete this form.				ages Schedule E: 11 Rpt: 22/36	
2	FILER NAME National Associa	FILER NAME  National Association of Social Workers/Texas Political Action			3 Filer ID 000162	(Ethics Commission File	ers)
4	TOTAL OF UNITEMIZED LOANS				I	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ctions)	1	
14	Description of Coll	ateral		15 Check if personal fur	ds were deposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed	(\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ctions)		

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/14 Rpt: 23/36	National Association of Social Workers/Texas Political 00016291	
4 Date	5 Payee name	
09/26/2024	Bell, Adrienne	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$100.00	3519 East Walnut	
	Ste 3465	
Expenditure from corporate funds	Pearland, TX 77581	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Donation to political campaign	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Davies and a	╡
09/27/2024	Payee name	
	Bhojani, Salman	_
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	P.O. Box 392	
Expenditure from		
corporate funds	Euless, TX 76039	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Donation to political campaigns.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	=
09/26/2024	Birkholz, Jennie	
Amount (\$)	Payee address; City; State; Zip Code	-
\$100.00	PO Box 1772	
Expenditure from corporate funds	Roundrock, TX 78680	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Donation to political campaign.	
0 1: 0:::::::::::::::::::::::::::::::::		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		4

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/14 Rpt: 24/36	National Association of Social Workers/Texas Political 00016291					
4 Date	5 Payee name					
09/26/2024	Bryant, John					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$300.00	PO Box 140977					
Expenditure from						
corporate funds	Dallas, TX 75214					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Candidate/Officeholder/Political Committee					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
Date	Payee name					
09/27/2024	Bucy, John					
Amount (\$)	Payee address; City; State; Zip Code					
\$150.00	PO Box 536					
Expenditure from corporate funds	Austin, TX 78767					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Donation to political campaign.					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
Date	Payee name					
09/27/2024	Darby, Drew					
Amount (\$)	Payee address; City; State; Zip Code					
\$300.00	PO Box 3284					
Evpanditura from						
Expenditure from corporate funds	San Angelo, TX 76902					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Candidate/Officeholder/Political Committee					
	25					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt: 25/36	National Association of Social Workers/Texas Political 00016291
4 Date	5 Payee name
09/27/2024	Eckhardt, Sarah
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	PO Box 301586
Expenditure from corporate funds	Austin , TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/27/2024	Evans, Darrel
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1400 Traildust Dr
Expenditure from corporate funds	McKinney, TX 75069
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Ÿ
Date	Power name
Date 09/27/2024	Payee name Flores, Lulu
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 40969
Expenditure from	
corporate funds	Austin , TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete ONLY if direct	Candidate/Officebalder name Office accept
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 4/14 Rpt: 26/36	National Association of Social Workers/Texas Political 00016291
4 Date	5 Payee name
09/27/2024	Gonzales, Mary (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 450
Expenditure from corporate funds	Clint, TX 79836
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EAPENDITUKE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>1</b>
Date	Payee name
09/27/2024	Goodwin, Vikki (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	9901 Brodie Lane
	Ste 160
Expenditure from corporate funds	Austin, TX 78748
·	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas Complete Schedule T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Donation to political campaign.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dayaa nama
09/26/2024	Payee name Hinojosa, Gina (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 300095
Expenditure from	
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 5/14 Rpt: 27/36	National Association of Social Workers/Texas Political 00016291
4 Date	5 Payee name
09/26/2024	Hinojosa, Gina (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	PO Box 300095
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORARIO TO BOTTON O/OI	•
Date	Payee name
09/26/2024	Johnson, Ann (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Contributions/Donations Made By  Contributions/C
	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payeo namo
09/27/2024	Payee name Johnson, Nathan
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 670994
Expenditure from	
corporate funds	Dallas, TX 75367
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LIBITORE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5. po a a. a to bollone 0/01	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1: Sch: 6/14 Rpt: 28/36	2 FILER NAME National Association of Social Workers/Texas Political 3 Filer ID (Ethics Commission Filers) 00016291	
4 Date	5 Payee name	
09/26/2024	Johnston, Hava	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	6805 Main St, Ste 430 #713	
,		
Expenditure from corporate funds	The Colony , TX 75056	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Donation to political campaign.	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/26/2024	Lee, Jennifer	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	PO Box 1916	
φ100.00	FO BOX 1910	
Expenditure from corporate funds	Temple, TX 76503	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE	Candidate/Officeholder/Political Committee	
	Donation to political campaign	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
09/27/2024	Lopez, Noah	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	2304 35th Street	
Expenditure from		
corporate funds	Lubbock, TX 79412	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Donatino to political campaign.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 7/14 Rpt: 29/36	2 FILER NAME3 Filer ID(Ethics Commission Filers)National Association of Social Workers/Texas Political00016291
4 Date	5 Payee name
09/26/2024	Manuel, Christian
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	3801 Turtle Creek Dr
Expenditure from	Port Arthur, TX 77642
corporate funds	FOIL AILIUI, 1X 17042
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Mello, Rachel
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$100.00	2600 Chamberlain Dr
Expenditure from	
corporate funds	Plano, TX 75023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense
	Donation to political campaign.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
09/27/2024	Menendez, Jose (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 100833
Expenditure from	
corporate funds	San Antonio, TX 78229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense
	Donation to political campaign.
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
4 Total marca Cabadula F1.	2 Files ID (Files Commission Files)	
1 Total pages Schedule F1: Sch: 8/14 Rpt: 30/36	2 FILER NAME National Association of Social Workers/Texas Political 3 Filer ID (Ethics Commission Filers) 00016291	
4 Date	5 Payee name	
09/27/2024	Merugumala, Dev	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 505 Orleans St	
Ψ100.00	Soo Cheans of	
Expenditure from corporate funds	Beaumont, TX 77701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Donation to political campaign.	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/27/2024	Meza, Terry	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	PO Box 155076	
Ψ200.00	1 0 DOX 130010	
Expenditure from corporate funds	Irving , TX 75015	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Donation to political campaign.	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
09/26/2024	Miles, Boris	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	5302 Almeda Rd, Ste A	
Ψ200.00	3302 Aimeda Na, Ste A	
Expenditure from corporate funds	Houston , TX 77004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Donation to political campaign.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 9/14 Rpt: 31/36	2 FILER NAME National Association of Social Workers/Texas Political 3 Filer ID (Ethics Commission Filers) 00016291
4 Date	5 Payee name
09/27/2024	Moody, Joe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	P.O. Box 920827
Expenditure from corporate funds	El Paso , TX 79902
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Bonation to political campaign.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
09/26/2024	Morales, Eddie
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$100.00	352 Hillcrest Blvd
Expenditure from	
corporate funds	Eagle Pass, TX 78852
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Donation to political campaign.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/27/2024	Morales Shaw, Penny (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 925652
Expenditure from	Houston, TV 77202
corporate funds	Houston, TX 77292
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total marian Cabadida F1.	2 Files ID (Files Commission Files)
1 Total pages Schedule F1: Sch: 10/14 Rpt: 32/36	2 FILER NAME National Association of Social Workers/Texas Political 3 Filer ID (Ethics Commission Filers) 00016291
4 Date	5 Payee name
09/26/2024	Peterson, Doug
6 Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 16616 Diana Ln
\$200.00	10010 Didita Lii
Expenditure from corporate funds	Houston , TX 77062
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Plesa, Mihaela
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	PO Box 796311
Expenditure from corporate funds	Dallas, TX 75248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Reynolds, Ron
	-
Amount (\$)	
\$200.00	2440 Texas Parkway, Ste 102
Expenditure from corporate funds	Missouri City, TX 77489
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
· ·	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 11/14 Rpt: 33/36	National Association of Social Workers/Texas Political 00016291
4	Date	5 Payee name
	09/26/2024	Richardson, Dawn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 690523
Ш	Expenditure from corporate funds	Killeen , TX 76549
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Donation to political campaign.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/27/2024	Rose, Toni
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 41867
	Expenditure from corporate funds	Dallas, TX 75241
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to political campaign.
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/27/2024	Rosenthal, Jon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	8624 Hwy 6 N.
		#340
	Expenditure from corporate funds	Houston, TX 77095
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Donation to political campaign.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt: 34/36	National Association of Social Workers/Texas Political 00016291
4 Date	5 Payee name
09/27/2024	Suleman, Lalani
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	PO Box 6514
Expenditure from corporate funds	Houston , TX 77265
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	<u>'</u>
Date	Payee name
09/26/2024	Talarico, James (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 5850
Expenditure from corporate funds	Round Rock, TX 78683
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Political donation to the campaign.
Operation ONLY if allowed	Overlight (Office helds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Thompson, Sefronia
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	10527 Homestead
Expenditure from	
corporate funds	Houston, TX 77016
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Donation to political campaign.
Complete CNU V Stalling	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 13/14 Rpt: 35/36	National Association of Social Workers/Texas Political 00016291		
4 Date	5 Payee name		
09/26/2024	Walle, Armando		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	4101 Washington Ave		
Expenditure from corporate funds	Houston, TX 77007		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Political donation to campaign.		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payeo namo		
09/27/2024	Payee name		
	West, Royce		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	320 S. RL Thornton Freeway, Ste 210		
Expenditure from			
corporate funds	Dallas, TX 75203		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
LAFENDITORE	Candidate/Officeholder/Political Committee		
	Donation to political campaign.		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
09/26/2024	Wilkerson, Denise		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	PO Box 14332		
Expenditure from corporate funds	Arlington, TX 76094		
•			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Donation to the political campaign.		
	_ =		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:		
Sch: 14/14 Rpt: 36/36	National Association of Social Workers/Texas Political 00016291	
4 Date	5 Payee name	
10/05/2024	Wyman, Stephen	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	4500 Williams Dr, Ste 212, PMB 205	
Expenditure from corporate funds	Georgetown, TX 78633	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Donation to political campaign.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/27/2024	Zaffirni, Judith	
Amount (\$)	Payee address; City; State; Zip Code	
\$400.00	P.O. Box 627	
Funnalitus from		
Expenditure from corporate funds	Laredo, TX 78042	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Bornauro to position ourripaign.	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
09/26/2024	Zwiener, Erin (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	P.O. Box 184	
Expenditure from corporate funds	Driftwood, TX 78619	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	=	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
·		