

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00070239	<b>2</b> Total pages filed: 12	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Workers Defense in Action			Date Received <b>ELECTRONICALLY FILED</b> 11/19/2024
<b>4</b> TREASURER NAME Malfaro, Louis (Mr.)			Date Hand-delivered or Date Postmarked
<b>5</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2023		12/31/2023
<b>7</b> EXPLANATION OF CORRECTION			

**7 EXPLANATION OF CORRECTION**  
 Incorrect balance entered for Political Contributions Maintained on 12/31/23. The correct amount is 67,080.94 as attested by the bank statement we are submitting in addition to the corrected report.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Louis Malfaro  
 \_\_\_\_\_  
 Signature of Campaign Treasurer

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00070239	<b>2</b> Total pages filed: 12
<b>3</b> COMMITTEE NAME Workers Defense in Action		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 11/19/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 140402  Austin, TX 78714		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Louis  NICKNAME LAST SUFFIX Malfaro		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 140402  Austin, TX 78714		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 140402  Austin, TX 78714		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 466-3111		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 07/01/2023      THROUGH      12/31/2023		
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/07/2023 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Workers Defense in Action	<b>13 Filer ID</b> (Ethics Commission Filers) 00070239
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	67,080.94
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**16 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.

Mr. Louis Malfaro  
\_\_\_\_\_  
Signature of Campaign Treasurer

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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Workers Defense in Action		<b>18 Filer ID</b> (Ethics Commission Filers) 00070239
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,196.45
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 265.44

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/7 Rpt: 5/12	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 08/23/2023	5 Payee name Google Domains	
6 Amount (\$)  12.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Domain renewal fee
Date 12/01/2023	Payee name Google Workspace	
Amount (\$)  89.54 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email and cloud services
Date 11/08/2023	Payee name Google Workspace	
Amount (\$)  89.54 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email and cloud services
Date 10/01/2023	Payee name Google Workspace	
Amount (\$)  89.54 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email and cloud services

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/7 Rpt: 6/12	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 09/01/2023	5 Payee name Google Workspace	
6 Amount (\$)  89.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email and cloud services
Date 08/01/2023	Payee name Google Workspace	
Amount (\$)  135.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email and cloud services
Date 07/01/2023	Payee name Google Workspace	
Amount (\$)  131.33 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email and cloud services
Date 12/07/2023	Payee name Intuit Quickbooks	
Amount (\$)  95.94 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way  Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting software subscription

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/7 Rpt: 7/12	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 11/08/2023	5 Payee name Intuit Quickbooks	
6 Amount (\$) 95.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2632 Marine Way Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting software subscription
Date 10/07/2023	Payee name Intuit Quickbooks	
Amount (\$) 95.94 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting software subscription
Date 09/07/2023	Payee name Intuit Quickbooks	
Amount (\$) 95.94 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting software subscription
Date 10/07/2023	Payee name Intuit Quickbooks	
Amount (\$) 95.94 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting software subscription

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/7 Rpt: 8/12	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 07/07/2023	5 Payee name Intuit Quickbooks	
6 Amount (\$) 90.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2632 Marine Way Mountainview, CA 94043	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting software subscription
Date 10/04/2023	Payee name MailChimp	
Amount (\$) 85.28 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email communications service fee
Date 10/04/2023	Payee name MailChimp	
Amount (\$) 85.28 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email communications service fee
Date 08/04/2023	Payee name MailChimp	
Amount (\$) 85.28 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email communications service



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/7 Rpt: 9/12	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 07/04/2023	5 Payee name MailChimp	
6 Amount (\$)  85.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Email communications service
Date 12/04/2023	Payee name SurePayroll	
Amount (\$)  61.23 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Payroll service
Date 11/02/2023	Payee name SurePayroll	
Amount (\$)  61.23 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Payroll service
Date 10/02/2023	Payee name SurePayroll	
Amount (\$)  61.23 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Payroll service

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/7 Rpt:		2 FILER NAME Workers Defense in Action		3 Filer ID (Ethics Commission Filers) 00070239	
4 Date 09/05/2023		5 Payee name SurePayroll			
6 Amount (\$) 61.23 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Payroll service	
Date 08/02/2023		Payee name SurePayroll			
Amount (\$) 61.23 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Payroll service	
Date 07/03/2023		Payee name SurePayroll			
Amount (\$) 61.23 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2350 Ravine Way Suite100 Glenview, IL 60025			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Payroll service	
Date 10/13/2023		Payee name Texas Ethics Commission			
Amount (\$) 1,000.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 12070, Capitol Station  Austin, TX 78711-2070			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Filing fees	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 Date 10/13/2023	5 Payee name Texas Ethics Commission	
6 Amount (\$)  24.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 12070, Capitol Station  Austin, TX 78711-2070	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Filing fees
Date 08/08/2023	Payee name Texas Mutual Insurance	
Amount (\$)  551.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 12058  Austin, TX 78711	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Workers Comp Policy Renewal	(b) Description (See instructions regarding type of information required.) Workers Comp Policy Renewal
Date 10/17/2023	Payee name bumperactive	
Amount (\$)  5,704.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5903 Burnet Rd  Austin, TX 78757	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Printing

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 12/12
<b>2</b> FILER NAME Workers Defense in Action		<b>3</b> Filer ID (Ethics Commission Filers) 00070239
<b>4</b> Date 07/31/2023	<b>5</b> Name of person from whom amount is received Texas Mutual Insurance	<b>8</b> Amount (\$) \$265.44
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78711	
	<b>7</b> Purpose for which amount is received Refund for policy overpayment	<input type="checkbox"/> Check if political contribution returned to filer