FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00040978 3 COMMITTEE NAME **OFFICE USE ONLY** Capital Area Progressive Democrats Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 413 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Allison G. NAME NICKNAME LAST **SUFFIX** Heinrich STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 13400 Briarwick Drive STREET **ADDRESS** Unit 1705 (Residence or Business) Austin, TX 78729 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 13400 Briarwick Drive MAILING **ADDRESS** Unit 1705 Austin, TX 78729 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 297-1650 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMI	MITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Capit	tal Area Progressiv	e Democrats	000409	978	
14 COMI ACTIV		Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
paper to	lists on plain o complete this recessary.)		B. Opposed		
		Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
			в. Оррозец		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONT TOTA	FRIBUTION LLS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	196.00
EXPE TOTA	:NDITURE LLS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
		4. TOTAL POLITICA	L EXPENDITURES	\$	331.62
CON1 BALA	TRIBUTION NCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,385.82
	STANDING I TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIC	DAVIT			•	
			I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			Allison G	. Heinricl	'n
	Signature of Campaign Treasurer				
	AFFIX NOTARY	STAMP / SEAL ABOVE			
Swo	rn to and subscribed	before me, by the said	, th	nis the	day
of		, 20, to certify \	which, witness my hand and seal of office.		
s	ignature of officer adı	ministering oath	Printed name of officer administering oath	Title of	officer administering oath
		-	-		-

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 16							
17 COMMITTEE NAME Capital Area Progressive Democrats 18 Filer ID (Ethics Communication of the communication of th							
19 SCHEDUL							
NAME OF	SCHEDULE		SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 196.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 331.62				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 3.71				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/16		
2	FILER NAME	Progressive Democrats				3	Filer ID (Ethics Commission 00040978	Filers)
_			<u> </u>			Ļ		
4	1 Date 08/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Bailey, Linda 6 Contributor address; City; State; Zip Code		<i>'</i>	Amount of Contribution (\$)	\$11.00			
	Dringing Loop	Austin, TX 78730-3355		<u> </u>	Fanda ay (Coo Instruction			
8	Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions N/A	5)		
							A (O ') ' . (A)	
	Date Full name of contributor out-of-state PAC (ID#:) 08/23/2024 Burke, Cecelia (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$11.00		
		Austin, TX 78731						
	Principal occupation / Job title (See Instructions) Employer (See Instructions				()			
	Not Employe	ed			N/A			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$11.00			
		Austin, TX 78748						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	Legislative S	staff		-	Texas House of Repres	ent	atives	
	Date 09/02/2024	Full name of contributor Butts, David Contributor address; City; S Austin, TX 78723	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$11.00
	Principal occu Consultant	pation / Job title (See Instructions	5)		Employer (See Instructions Self-Employed	()		
	Date 08/13/2024	Full name of contributor Coffee, Heather Contributor address; City; S Austin, TX 78747	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$11.00
	Principal occu	nation / Job title (See Instructions	5)		Employer (See Instructions	<u>. </u>		
	Attorney			1	Office of the Attorney G		eral	
				•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	E A1
	The Instru	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/4 Rpt: 5/16	
2	FILER NAME Capital Area	Progressive Democrats				3	Filer ID (Ethics Commission 00040978	Filers)
4	Date 08/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Denkler, Ann 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$11.00			
		Austin, TX 78731						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	s) 	9	Employer (See Instructions N/A	s)		
	Date 09/07/2024	Full name of contributor Ehresman, Katya Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$11.00
	Dringing Lagge	Austin, TX 78722			Employer (Co.) Instruction	<u></u>		
	Director	pation / Job title (See Instructions	5)		Employer (See Instructions Texas HDC	5)		
	Date 09/05/2024	Full name of contributor Frensley, Nathalie Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$11.00
		Austin, TX 78756						
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions N/A	s)		
	Date 09/07/2024	Full name of contributor Ganguly, Ashika Contributor address; City; Si Austin, TX 78703	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$11.00
	Principal occupation / Job title (See Instructions) Legislative Director Employer (See Instructions) Texas House of Representations				atives			
	Date 08/15/2024	Full name of contributor Guzman, Monica Contributor address; City; Si Austin, TX 78758	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$11.00
	Principal occu Policy Direct	pation / Job title (See Instructions for	s)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/4 Rpt: 6/16	
2	FILER NAME Capital Area	Progressive Democrats			3	Filer ID (Ethics Commission 00040978	Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 08/13/2024 Guzman, Monica Ann 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$11.00		
_	Delicalization	Austin, TX 78758	la la	English (On Instruction	_		
8	Principal occu Policy Direct	pation / Job title (See Instructions) or		Employer (See Instructions GAVA	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2024 Hernandez, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$11.00		
	Deinsinal assu	Austin, TX 78731		Employer (See Instructions	_		
	Principal occupation / Job title (See Instructions) Consultant Employer (See Instructions Self-Employed		5)				
	Date 09/05/2024	Full name of contributor Ortega, Dolores (The Honora Contributor address; City; State)		Amount of Contribution (\$)	\$20.00
		Austin, TX 78727-5151					
	Principal occu County Treas	pation / Job title (See Instructions) surer		Employer (See Instructions Travis County	5)		
	Date 08/27/2024	Full name of contributor Rush, Barbara Contributor address; City; State; Austin, TX 78753	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$11.00
		Employer (See Instructions Travis County	<u> </u>				
	Date 08/25/2024	Full name of contributor Tawney, Jakob Contributor address; City; State; Austin, TX 78705	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$11.00
	Principal occupation / Job title (See Instructions) Public Policy Fellow Texas AFT				·)		
	. asio i olioy						

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16 2 FILER NAME Capital Area Progressive Democrats 4 Date 09/10/2024 5 Full name of contributor		MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Capital Area Progressive Democrats 4 Date		The Instruction Guide explains how to complete this form.	1
09/10/2024 Tovo, Kathie (The Honorable) 6 Contributor address; City; State; Zip Code Austin, TX 78705 8 Principal occupation / Job title (See Instructions) City Council Member Date 07/31/2024 Full name of contributor out-of-state PAC (ID#:) Yee, Cheuck Contributor address; City; State; Zip Code Austin, TX 78724 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2		3 Filer ID (Ethics Commission Filers) 00040978
Principal occupation / Job title (See Instructions) City Council Member Date O7/31/2024 Full name of contributor Yee, Cheuck Contributor address; City; State; Zip Code Austin, TX 78724 Principal occupation / Job title (See Instructions) Pmployer (See Instructions) Amount of Contribution (\$) Amount of Contribution (\$) Employer (See Instructions)	4	09/10/2024 Tovo, Kathie (The Honorable)	7 Amount of Contribution (\$) \$11.0
City Council Member City of Austin City of Austin City of Austin City of Austin Amount of Contribution (\$) Amount of Contribution (\$) Yee, Cheuck Contributor address; City; State; Zip Code Austin, TX 78724 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
07/31/2024 Yee, Cheuck Contributor address; City; State; Zip Code Austin, TX 78724 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8		ns)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		07/31/2024 Yee, Cheuck	Amount of Contribution (\$)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

nse Tra nse Tra es/Contract Labor OT

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/7 Rpt: 8/16	Capital Area Progressive Democrats 00040978			
4 Date	5 Payee name			
08/04/2024	ActBlue			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$0.44	P.O. Box 441156			
Expenditure from corporate funds	Somerville, MA 02144			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Credit card processing fees			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payros namo			
08/18/2024	Payee name ActBlue			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.32	P.O. Box 441156			
Expenditure from corporate funds	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Credit card processing fees			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
Date	Payee name			
08/25/2024	ActBlue			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.76	P.O. Box 441156			
Expenditure from				
corporate funds	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
Di Libilone	Check if Austin, TX, officeholder living expense			
	Credit card processing fees			
Commission Chill V III alia	Condidate (Office helder name)			
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

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: 2/7 Rpt: 9/16	Capital Area Progressive Democrats 00040978
4 Date	5 Payee name
09/01/2024	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.44	P.O. Box 441156
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit card processing fees
	o count can a processing room
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
5.	
Date	Payee name
09/08/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$3.43	P.O. Box 441156
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit eard processing foos
	Credit card processing fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
09/15/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.44	P.O. Box 441156
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

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 - Giff/Awards/Memoriais Expense Printing Expense I raver Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) 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: 3/7 Rpt: 10/16	Capital Area Progressive Democrats 00040978			
4 Date	5 Payee name			
07/02/2024	Capitol Credit Union			
6 Amount (\$)	7 Payee address; City; State; Zip Code	_		
\$3.99	P.O. Box 81649			
Ψ0.00	1101.508.01010			
Expenditure from	Augtin TV 70700			
corporate funds	Austin, TX 78708			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Bank fees			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Davies name	_		
08/01/2024	Payee name Capital Cradit Union			
	Capitol Credit Union			
Amount (\$)	Payee address; City; State; Zip Code			
\$3.99	P.O. Box 81649			
Expenditure from				
corporate funds	Austin, TX 78708			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Bank fees			
Operation ONE Wife discont	Our Middle (Office helder manner			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
·				
Date	Payee name			
09/04/2024	Capitol Credit Union			
Amount (\$)	Payee address; City; State; Zip Code			
\$3.99	P.O. Box 81649			
Expenditure from corporate funds	Austin, TX 78708			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Bank fees			
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 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: 4/7 Rpt: 11/16	Capital Area Progressive Democrats Capital Area Progressive Democrats 00040978
•	
4 Date	5 Payee name
10/01/2024	Capitol Credit Union
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.99	P.O. Box 81649
Expenditure from corporate funds	Austin, TX 78708
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
11/01/2024	Capitol Credit Union
Amount (\$)	Payee address; City; State; Zip Code
\$3.99	P.O. Box 81649
Ψ5.55	1.O. Box 01043
Expenditure from	
corporate funds	Austin, TX 78708
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank fees
	Dalik lees
Operation ONE Wife discout	Our stide to 100% as health as a sure
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
12/03/2024	Capitol Credit Union
Amount (\$)	Payee address; City; State; Zip Code
\$3.99	P.O. Box 81649
Expenditure from corporate funds	Austin, TX 78708
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank fees
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 -

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/7 Rpt: 12/16	Capital Area Progressive Democrats 00040978			
4 Date	5 Payee name			
07/02/2024	Google LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7.68	1600 Amphitheatre Pkwy			
— Foresteller of forest				
Expenditure from corporate funds	Mountain View, CA 94043			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense GSuite			
	Gouile			
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/02/2024	Google LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$7.68	1600 Amphitheatre Pkwy			
Expenditure from corporate funds	Mountain View, CA 94043			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense GSuite			
	GSuite			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
09/02/2024	Google LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$7.68	1600 Amphitheatre Pkwy			
Expenditure from				
corporate funds	Mountain View, CA 94043			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
LAI LINDITURE	Check if Austin, TX, officeholder living expense			
	GSuite			
0 1. 6				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
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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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/7 Rpt: 13/16	Capital Area Progressive Democrats 00040978				
4 Date	5 Payee name				
10/02/2024	Google LLC				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$7.68	1600 Amphitheatre Pkwy				
— Foresteller of forest					
Expenditure from corporate funds	Mountain View, CA 94043				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense				
	CSuite				
	GSuite				
O Commission ONLY if dispose	Condidate/Office helder name Office accords				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/03/2024	Google LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$7.68	1600 Amphitheatre Pkwy				
Expenditure from corporate funds	Mountain View, CA 94043				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense GSuite				
	GSuite				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Payee name				
12/02/2024	Google LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$7.68	1600 Amphitheatre Pkwy				
Expenditure from					
corporate funds	Mountain View, CA 94043				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
LA LADITORL	Check if Austin, TX, officeholder living expense				
	GSuite				
Operation Children	Ora didata (Office hadden grown				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete <u>ONLY</u> 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 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 (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 14/16	Capital Area Progressive Democrats 00040978
4 Date	5 Payee name
09/08/2024	H-E-B
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$83.77	2701 E. 7th
Expenditure from corporate funds	Austin, TX 78702
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Snacks for MultiClub forum
	Stracks for MultiClub forum
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/28/2024	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$170.00	823 Congress Ave
	Ste. 150
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense P.O. Box rental
	P.O. BOX Territar
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/6	'

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

SCHEDULE K

I The Instruction Guide explains how to complete this form					ages Schedule K: ./2 Rpt: 15/16		
2 FILER NAME 3 File				Filer ID	(Ethics Commission F	ilers)	
				00040		ŕ	
<u> </u>	Date					8 Amount (\$)	
	07/01/2024				δ Amount (Φ)	\$0.58	
	07/01/2024	· · · · · · · · · · · · · · · · · · ·					Φ0.56
		6 Address of person from whom amount is received; City; State; Zip Code					
		A					
		Austin, TX 78708					
						ribution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	08/01/2024 Capitol Credit Union					\$0.64	
		Address of person from whom amount is received; City; State; Zip Code				1	
		Austin, TX 78708					
						I ribution returned to filer	
		Interest				insulative to mer	
	Date	Name of person from whom amount is received				Amount (\$)	
	09/01/2024 Capitol Credit Union						\$0.63
		A					
		Austin, TX 78708					
		Purpose for which amount is received				ribution returned to filer	
		Interest					
	Date	Date Name of person from whom amount is received				Amount (\$)	
	10/01/2024 Capitol Credit Union				\$0.62		
		Address of person from whom amount is received; City; State; Zip Code				1	
		, , , , , , , , , , , , , , , , , , , ,					
		Austin, TX 78708					
		Purpose for which amount is received	Check if poli	itic	al conti	ribution returned to filer	
		Interest	·				
H	Date	Name of person from whom amount is received				Amount (\$)	
11/01/2024		·				Amount (\$)	\$0.63
	· · · · · · · · · · · · · · · · · · ·						Φ0.03
		Address of person from whom amount is received; City; State; Zip Code					
		Augtin TV 70700					
		Austin, TX 78708					
	_ ·				al conti	ribution returned to filer	
	Interest						
1							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 16/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Capital Area Progressive Democrats 00040978 5 Name of person from whom amount is received 8 Amount (\$) 12/01/2024 Capitol Credit Union \$0.61 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78708 Purpose for which amount is received Check if political contribution returned to filer Interest