#### 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) 00043026 3 COMMITTEE NAME **OFFICE USE ONLY** Highland Lakes Democratic Women Date Received **ELECTRONICALLY FILED** 01/07/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 53 Augusta Drive Date Hand-delivered or Date Postmarked Change of Address Meadowlakes, TX 78654 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Laura NAME NICKNAME LAST **SUFFIX** Rippy STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 53 Augusta Dr. STREET **ADDRESS** (Residence or Business) Meadowlakes, TX 78654 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 53 Augusta Dr. MAILING **ADDRESS** Meadowlakes, TX 78654 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 963-0478 **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 Day Day Year Month Year 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

2 COMMITTEE NAME		1	L3 Filer ID	(Ethics Commission Filers)
Highland Lakes Dem	ocratic Women		00043026	
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Magauras	A. Supported		
	Measures  (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN	İ	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	4,240.00
	2. TOTAL POLITICA		\$	
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)	٩	12,890.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	12,679.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST D G PERIOD	DAY \$	12,553.52
OUTSTANDING LOAN TOTALS	· · · · · · · · · · · · · · · · · · ·	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Mrs. Lau		
		Signature of Can	npaign Treası	ırer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Signature of officer	auministening Uatri	rimed hame of officer authinistering oath	TILLE OF OHIT	cer auministening datii

## **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

3 of 16					
17 COMMITTEE NAME 18 Filer ID			(Ethic	s Commission Filers)	
Hig	Highland Lakes Democratic Women 00043026		00043026		
<b>19</b> SCI	HEDULE	E SUBTOTALS	<u>L</u>	Τ	
NAME OF SCHEDULE					SUBTOTAL AMOUNT
				<del>                                     </del>	
1.	Χ	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,240.00
				$\vdash$	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	650.00
				┼─	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				├─	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
		ONDANIZATION		↓	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	s	
	ш_	LABOR ORGANIZATION		<u> </u> "	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ΔΝΙΖΔΤΙΩΝ	\$	
	Ц_			<b>⊅</b>	
7		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
				<del>                                     </del>	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
				$\vdash$	
9.		SCHEDULE E: LOANS		\$	
				┼─	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	12,679.21
				↓	
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	ш_			<u>                                     </u>	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	าพร	\$	
<u></u>				Ψ	
12		COLUMN TO THE EAST EVERNING HADE BY OREDIT CARD			
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	_			†	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F		$\vdash$	
15.		TO FILER	KEIUKNED	\$	
				<u> </u>	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDU	LE <b>A1</b>
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/16	
2	FILER NAME Highland Lakes Democratic Women	3	Filer ID (Ethics Commission 00043026	on Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  8 Barry, Susan  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$3,000.00
	Horseshoe Bay, TX 78657			
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Retired  Retired	ictions)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/08/2024 Jones, Adella (Mrs.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$5,000.00
	Marble Falls, TX 78654  Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)	ıctions)		

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Highland Lakes Democratic Women 00043026 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 07/01/2024 Hill, Nancy \$650.00 Paid caterer for political 7 Contributor address; City; State; Zip Code event Marble Falls, TX 78654 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Retired Retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/11 Rpt: 6/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
08/22/2024	Allred, Collin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Unknown
Expenditure from	
corporate funds	Austin, TX 78701
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
	Support for US Senator contribution sent thru ActBlue
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/22/2024	Birkholz, Jennie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1772
Evpanditure from	
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Support Candidate for Tx House Dist 52
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
08/22/2024	Bishop, Averie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	819 W Arapaho Rd
	STE 24B
Expenditure from corporate funds	Richardson, TX 75080
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
	Support Candidate for Tx House Dist 112
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2 2	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Pol 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: 2/11 Rpt: 7/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
08/22/2024	Boisseau, Theresa
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 200759
Expenditure from corporate funds	Austin, TX 78720
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
	Support Carididate for Congressional Dist 10
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	•
Date	Payee name
10/28/2024	Burnet County Democratic Club
Amount (\$)	Payee address; City; State; Zip Code
\$845,23	218 Main St.
Φ045.23	210 Maii St.
Expenditure from	
corporate funds	Marble Falls, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Newspaper Ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
6 :	
Date	Payee name
07/08/2024	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$11.73	1601 Trapelo
Expenditure from corporate funds	Road Walthan, MA 02451
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Contact Members
	Contact Members
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPETIONALE TO DETICIN C/OI	

## 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

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

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/11 Rpt: 8/16	Highland Lakes Democratic Women	00043026
4 Date	5 Payee name	·
08/08/2024	Constant Contact	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$11.73	1601 Trapelo	
Expenditure from		
corporate funds	Road Walthan, MA 02451	
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
		Contact Members
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/09/2024	Constant Contact	
Amount (\$)	Payee address; City; State; Zip Code	
\$11.73	1601 Trapelo	
Expenditure from corporate funds	Road Walthan, MA 02451	
PURPOSE OF	, (************************************	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contact Members
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
10/08/2024	Constant Contact	
Amount (\$)	Payee address; City; State; Zip Code	
\$11.73	1601 Trapelo	
Expenditure from		
corporate funds	Road Walthan, MA 02451	
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  Contact Members
		Contact Members
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

The Instruction Guide explains how to complete this form.	
: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Highland Lakes Democratic Women 00043026	
5 Payee name	
Constant Contact	
7 Payee address; City; State; Zip Code	
1601 Trapelo	
Road Walthan, MA 02451	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
	ig expense
Contact Members	
Candidate/Officeholder name Office sought Office b	ماما
OHICE Sought Office in Office Sought	leiu
Payee name	
Constant Contact	
Payee address; City; State; Zip Code	
3 1601 Trapelo	
Road Walthan, MA 02451	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Office Overhead/Rental Expense	
	g expense
Contact Members	
Candidate/Officeholder name Office sought Office h OH	ield
Payee name	
Handley, Dwain	
Handley, Dwain Payee address; City; State; Zip Code	
<u> </u>	
Payee address; City; State; Zip Code	
Payee address; City; State; Zip Code	
Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611	
Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611	mplete Schedule T.
Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Cor	g expense
Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By  (b) Description Check if travel outside of Texas. Cor	g expense
Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin Support Candidate for Tx H	g expense louse Dist 19
Payee address; City; State; Zip Code  PO Box 1181  Burnet, TX 78611  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Ode (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin Support Candidate for Tx H	g expense louse Dist 19
Payee address; City; State; Zip Code PO Box 1181  Burnet, TX 78611  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin Support Candidate for Tx H	g expense louse Dist 19
Payee address; City; State; Zip Code  PO Box 1181  Burnet, TX 78611  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Ode (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin Support Candidate for Tx H	g expense louse Dist 19
33	2 FILER NAME

## 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/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: 5/11 Rpt: 10/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
08/27/2024	Hill Country Awards & Trophies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16.24	409 Industrial Blvd #1000
Expenditure from corporate funds	Burnet, TX 78611
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense  Badges for Members
	bauges for Members
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Hill Country Awards & Trophies
Amount (\$)	Payee address; City; State; Zip Code
\$8.12	409 Industrial Blvd #1000
Expenditure from corporate funds	Burnet, TX 78611
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_/	Check if Austin, TX, officeholder living expense
	Badges for Members
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
10/24/2024	Hill Country Awards & Trophies
Amount (\$)	Payee address; City; State; Zip Code
\$8.12	409 Industrial Blvd #1000
Expenditure from corporate funds	Burnet, TX 78611
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Badge for Member
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## SCHEDULE F1

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

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 11/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
10/24/2024	Kane, Patty
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$135.25	1000 The Cape Rd #63
Expenditure from corporate funds	Horseshoe Bay, TX 78657
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  Reimbursement for supplies
	Reimbursement for supplies
O Committee ONII V if allowed	Our Hidde (Office helder grown
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
10/24/2024	Kane, Patty
Amount (\$)	Payee address; City; State; Zip Code
\$58.24	1000 The Cape Rd #63
Expenditure from corporate funds	Horseshoe Bay, TX 78657
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  Reimbursement for supplies
	Reimbursement for supplies
One make the ONE Wife diagram	Our Hidde (Office helder grown
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u>'</u>	
Date	Payee name
08/22/2024	Ortiz, Raquel
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	406 River Down Rd.
Expenditure from corporate funds	Georgetown, TX 78628
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
	Support Candidate for Tx Board of Education Dist 10
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/11 Rpt: 12/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
07/25/2024	PLAV, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$660.00	C/O Hidden Falls Bristo & Bar
φου.υυ	
Expenditure from	220 Meadowlakes Blvd.
corporate funds	Meadowlakes, TX 78654
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Monthly Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/22/2024	PLAV, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$800.00	C/O Hidden Falls Bristo & Bar
φου.υυ	
Expenditure from	220 Meadowlakes Blvd.
corporate funds	Meadowlakes, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Monthly Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/26/2024	PLAV, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$880.00	C/O Hidden Falls Bristo & Bar
Φ000.00	
Expenditure from	220 Meadowlakes Blvd.
corporate funds	Meadowlakes, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Monthly Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 8/11 Rpt: 13/16	2 FILER NAME Highland Lakes Democratic Women 3 Filer ID (Ethics Commission Filers) 00043026
-	
4 Date	5 Payee name
10/24/2024	PLAV, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$540.00	C/O Hidden Falls Bristo & Bar
	220 Meadowlakes Blvd.
Expenditure from	Meadowlakes, TX 78654
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Monthly Meeting
	Montally Weeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beliefft C/O	
Date	Payee name
12/31/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$32.36	Unknown
Ψ32.30	Officiowif
Expenditure from	
corporate funds	Austin, TX 78731
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fees charged
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
11/12/2024	Quicken Software
Amount (\$)	Payee address; City; State; Zip Code
\$50.27	3760 Haven Ave
Expenditure from	
corporate funds	Menlo Park, CA 94025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Accounting Software
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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 9/11 Rpt: 14/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
08/22/2024	Talarico, James
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 15207
Expenditure from corporate funds	Austin, TX 78761
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
	Support Candidate for Tx House Dist 50
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/22/2024	Taylor, Holly
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1101 W 34th St #119
Expenditure from corporate funds	Austin, TX 78705
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
	Chief
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/25/2024	Texas Democratic Women
Amount (\$)	Payee address; City; State; Zip Code
\$120.00	PO Box 684905
Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Portion of Membership Dues
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/11 Rpt: 15/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
10/30/2024	Texas Democratic Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$90.00	PO Box 684905
Expenditure from corporate funds	Austin, TX 78768
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Portion of Membership Dues
	1 order of Membership Daes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/30/2024	Texas Democratic Women
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	PO Box 684905
Expenditure from	
corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Chapter Dues
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/23/2024	Texas Democratic Women
Amount (\$)	Payee address; City; State; Zip Code
\$125.00	PO Box 684905
Expenditure from	
corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Portion of Membership Dues
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 11/11 Rpt: 16/16	Highland Lakes Democratic Women 00043026
4 Date	5 Payee name
12/23/2024	Texas Democratic Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	PO Box 684905
Expenditure from corporate funds	Austin, TX 78768
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Star Awards
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/24/2024	Texas Democratic Women
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	PO Box 684905
Expenditure from corporate funds	Austin, TX 78768
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Star Award
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H