GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission F 00086111		2 Total pages filed: 5		
3 COMMITTEE NAME					OFFICE USE ONLY		
	Liberty Works PAC	2			Date Received		
					ELECTRONICALL	Y EILED	
					01/09/2025		
				ZIP CODE	01/03/2023		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI 228 S Washington Street	Y; STATE;	ZIP CODE			
					Date Hand-delivered or Dat	te Postmarked	
	Change of Address	Suite 115					
		Alexandria, VA 22314			Receipt # A	Amount	
					Date Processed		
					Date Flocessed		
					Date Imaged		
5	CAMPAIGN	MS / MRS / MR FIRST			MI		
	TREASURER NAME	David					
		NICKNAME LAST			SUFFIX		
		Satterfield					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SU	UITE #; CITY;	STATE	; ZIP CODE	
	TREASURER STREET	228 S. Washington Street, Suite 115					
	ADDRESS						
	(Residence or Business)	Alexandria, VA 22314					
7	CAMPAIGN	STREET OR PO BOX;	APT / S	SUITE #; CITY;	STAT	E; ZIP CODE	
	TREASURER MAILING ADDRESS	228 S. Washington Street, Suite 115					
	Change of Address	Alexandria, VA 22314					
8		AREA CODE PHONE NUMBER	YTENSION				
°	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (703) 549-7705	XTENSION				
		(103) 549-1105					
9	REPORT	X January 15	h dev hefere desting				
-	TYPE	X January 15	h day before election		Dissolution (Attach P.	AC-DR)	
			day before election		10th day after campa termination	lign treasurer	
			noff				
10	PERIOD	Month Day Year		Month Day	Year		
10	COVERED	-	ROUGH	12/31/2024			
		10/21/2021		12,01,202			
11	ELECTION	ELECTION DATE	El	LECTION TYPE			
		Month Day Year	imary	Runoff	Other		
		11/05/2024	eneral	 Special			
-		I I					
	GO TO PAGE 2						
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Liberty Works PAC 0008				
14 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. 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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	· · ·		
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	L		I	
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		David S	Satterfield	
		Signature of Car	mpaign Treasur	er
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, this the			nis the	day
of, 20, to certify which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath
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S	SUBTOTALS - GPAC				FORM GPAC	
			С	OVEF	R SHEET PG 3 3 of 5	
17 COMMITTEE NAME18 Filer IDLiberty Works PAC00086111					s Commission Filers)	
	9 SCHEDULE SUBTOTALS NAME OF SCHEDULE			s	SUBTOTAL AMOUNT	
1.	. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	0.00	
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00	
3.	B. X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$		
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$		
9.	Х	SCHEDULE E: LOANS		\$	0.00	
10	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00	
11	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
13	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
				•		

PLEDGED CONTRIBUTIONS SCHEDULE B				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5			
2 FILER NAME Liberty Works PAC	3 Filer ID (Ethics Commission Filers) 00086111			
⁴ TOTAL OF UNITEMIZED PLEDGES	\$ 0.00			
5 Date 6 Full name of pledgor out-of-state PAC (ID#:) 8 Amount of 9 In-kind description pledge (\$) (If applicable)			
	Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	nstructions)			

LOANS SCHEDULE E				
The Instruction Guide explains how to complete this form.		ges Schedule E: 1 Rpt: 5/5		
Liberty Works PAC	3 Filer ID000861	(Ethics Commission I .11	Filers)	
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00	
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate11 Maturity Date		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))			
14 Description of Collateral 15 Check if personal funds wer None	15 Check if personal funds were deposited into political account (See Instructions)			
Image: marked system Image: marked system 16 GUARANTOR 17 Name of guarantor INFORMATION INFORMATION		19 Amount Guarantee	ed (\$)	
not applicable 18 Guarantor address; City; State; Zip Code				
20 Principal occupation 21 Employer (See Instructions))			