

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065923	2 Total pages filed: 10
3 COMMITTEE NAME Bay Area Association of Democratic Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/09/2025	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15918 Cavendish Dr. Houston, TX 77059	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Sherrie L.	
		NICKNAME LAST SUFFIX Matula	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15918 Cavendish Dr. Houston, TX 77059	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15918 Cavendish Dr. Houston, TX 77059	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (281) 486-0224	
9 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	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Bay Area Association of Democratic Women	13 Filer ID (Ethics Commission Filers) 00065923
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	784.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,491.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,627.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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.

Mrs. Sherrie L. Matula

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**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Bay Area Association of Democratic Women		18 Filer ID (Ethics Commission Filers) 00065923
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 784.97
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,491.39
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/10
2 FILER NAME Bay Area Association of Democratic Women		3 Filer ID (Ethics Commission Filers) 00065923
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Sandy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annen, Candice <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$33.68
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) Unemployed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosma, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$28.83
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Cathy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$28.59
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Flora, Bridget <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/10
2 FILER NAME Bay Area Association of Democratic Women		3 Filer ID (Ethics Commission Filers) 00065923
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Charlene <hr/> 6 Contributor address; City; State; Zip Code Webster, TX 77598	7 Amount of Contribution (\$) \$28.83
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Albert <hr/> Contributor address; City; State; Zip Code Houston, TX 77287	Amount of Contribution (\$) \$33.68
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gor, Lavinia <hr/> Contributor address; City; State; Zip Code Houston, TX 77034	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Karen <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$28.83
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulen, Marion <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/10
2 FILER NAME Bay Area Association of Democratic Women		3 Filer ID (Ethics Commission Filers) 00065923
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Nancy <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77382	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karam, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$33.68
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$33.68
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malin, Jane <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$33.68
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogg, Kim <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$28.83
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/10
2 FILER NAME Bay Area Association of Democratic Women		3 Filer ID (Ethics Commission Filers) 00065923
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosa, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058	7 Amount of Contribution (\$) \$28.83
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerfield, Carolyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$28.83
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 8/10	2 FILER NAME Bay Area Association of Democratic Women	3 Filer ID (Ethics Commission Filers) 00065923
4 Date 10/16/2024	5 Payee name Bay Area Democratic Movement PAC	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 590383 Houston, TX 77259	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office for Upcoming Election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2024	Candidate/Officeholder name Daggett, Melissa	
Amount (\$) \$52.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 09/19/2024	Payee name Daggett, Melissa	
Amount (\$) \$52.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15111 Diana Lane Houston, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/28/2024	Candidate/Officeholder name Daggett, Melissa	
Amount (\$) \$11.98 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 12/28/2024	Payee name Daggett, Melissa	
Amount (\$) \$11.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15111 Diana Lane Houston, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 9/10	2 FILER NAME Bay Area Association of Democratic Women	3 Filer ID (Ethics Commission Filers) 00065923
4 Date 09/19/2024	5 Payee name Germain, Cheri	
6 Amount (\$) \$260.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 15107 Diana Lane Houston, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pizza and drinks for meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/02/2024	Candidate/Officeholder name Office sought Office held	
Payee name Germain, Cheri		
Amount (\$) \$519.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15107 Diana Lane Houston, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pizza and drinks for two meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name Malin, Jane		
Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1610 Wavecrest Ln Houston, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 3/3 Rpt: 10/10	2 FILER NAME Bay Area Association of Democratic Women	3 Filer ID (Ethics Commission Filers) 00065923
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4 Date 11/21/2024	5 Payee name Richardson, Parvin
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6 Amount (\$) \$95.12	7 Payee address; City; State; Zip Code 3607 Plum Glen Ct. Houston, TX 77059
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for meeting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2024	Payee name Richardson, Parvin
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Amount (\$) \$17.13	Payee address; City; State; Zip Code 3607 Plum Glen Ct. Houston, TX 77059
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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