#### 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) 00085718 3 COMMITTEE NAME **OFFICE USE ONLY Equity Action** Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 300812 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rebecca R. NAME NICKNAME LAST **SUFFIX** Webber STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4228 Threadgill St STREET **ADDRESS** (Residence or Business) Austin, TX 78723 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4228 Threadgill St MAILING **ADDRESS** Austin, TX 78723 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 669-9506 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** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other χ General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			<b>13</b> Fi	ler ID	(Ethics Commission Filers)
Equity Action			00	085718	
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. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS ( OR GUARANTEES OF LOANS, ( ADE ELECTRONICALLY)  qualifies for the higher itemization thre	ÔR	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTE	ES OF LOANS)	\$	10,169.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	30,092.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY	\$	180,126.09
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDIN REPORTING PERIOD	G LOANS AS OF THE	\$	0.00
6 AFFIDAVIT				l	
			under penalty of perjury, ad includes all information ction Code.		
			Rebecca R. W		
			Signature of Campaig	n rreasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the	e	day
		which, witness my hand and seal			
Signature of officer adr	ministering oath	Printed name of officer administe	ering oath Ti	tle of offic	cer administering oath

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			3 of 11
17 COMMITT Equity Ac		<b>18</b> Filer ID 00085718	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 10,169.37
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
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	\$ 30,092.85
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/11	
2	FILER NAME Equity Actio			3	Filer ID (Ethics Commission 00085718	on Filers)
4	Date 11/26/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	( ' )	\$10,000.00
		San Francisco, CA 94105				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 11/17/2024	Full name of contributor out-of-state PAC (ID#:_Middlebrooks, Jordyn  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$52.95
	Principal occu Financial Pla	Austin, TX 78752  upation / Job title (See Instructions)  anner	Employer (See Instructions Reimagine Wealth LLC	<u> </u> s)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#: Middlebrooks, Jordyn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$52.95
		Austin, TX 78752				
	•	upation / Job title (See Instructions) ch, Post-Capitalist Financial Planner	Employer (See Instructions Reimagine Wealth	5)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Whaland, Seth Contributor address; City; State; Zip Code  Austin, TX 78702			Amount of Contribution (\$)	\$63.47
	Principal occu Mover	upation / Job title (See Instructions)	Employer (See Instructions Mash Movers	<u>I</u> 5)		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 1/7 Rpt: 5/11	Equity Action 00085718
4 Date	5 Payee name
11/05/2024	Austin Chronicle
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,545.00	4000 N Interstate 35 Frontage Rd
Expenditure from	
corporate funds	Austin, TX 78751
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Advertising
	, a.o. a.o.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/03/2024	Collective Campaigns
Amount (\$)	Payee address; City; State; Zip Code
\$72.50	9901 Brodie Ln- Ste # 160
¥.1.00	
Expenditure from corporate funds	Austin, TX 78748
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Consulting
	Consuming
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/04/2024	Ground Game Texas
Amount (\$)	Payee address; City; State; Zip Code
\$5,175.00	PO Box 383
Ψ0,110.00	1 0 200 000
Expenditure from corporate funds	Manchaca, TX 78652
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
-	Council Check if Austin, TX, officeholder living expense
	Sourien
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage

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: 2/7 Rpt: 6/11	Equity Action 00085718
4 Date	5 Payee name
11/05/2024	Ground Game Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	PO Box 383
Expenditure from	Manchaga TV 706F2
corporate funds	Manchaca, TX 78652
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Council
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
experialtare to belieff of of	'
Date	Payee name
11/01/2024	Ground Game Texas
	0.00000
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 383
Expenditure from	
corporate funds	Manchaca, TX 78652
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Council
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
experiance to belief of the	
Date	Payee name
11/13/2024	Haynie & Co
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$450.00	8303 N Mopac Expy suite a-120
Expenditure from	Augtin TV 70750
corporate funds	Austin, TX 78759
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Accounting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>

#### SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTUED (outer a contrary not listed above)

Candidate/Officenolder/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: 3/7 Rpt: 7/11	Equity Action 00085718
4 Date	5 Payee name
12/10/2024	Haynie & Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$450.00	8303 N Mopac Expy suite a-120
— Former diture from	
Expenditure from corporate funds	Austin, TX 78759
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
	Accounting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/30/2024	IRS
Amount (\$) \$779.04	Payee address; City; State; Zip Code PO Box 409101
\$779.04	PO BOX 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Payroll Taxes Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Payroll Taxes
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
12/13/2024	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$779.04	PO Box 409101
Expenditure from	
corporate funds	Ogden, UT 84409
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Payroll Tax Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Payroll Tax
	rayioli tax
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 Committee

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

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: 4/7 Rpt: 8/11	Equity Action	00085718
4 Date	5 Payee name	·
11/27/2024	IRS	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code
\$779.04	PO Box 409101	
Expenditure from corporate funds	Ogden, UT 84409	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Payroll Tax	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Tax
		T dyron rax
9 Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held
expenditure to benefit C/OI		Onice Held
Date	Payee name	
11/14/2024	IRS	
Amount (\$)	Payee address; City; State; Zip (	Code
\$779.04	PO Box 409101	
Expenditure from		
corporate funds	Ogden, UT 84409	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Payroll Tax	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payroll Tax
		T dyron rax
Complete ONLY if direct	Candidate/Officeholder name Office s	L pught Office held
expenditure to benefit C/OI		ought Office field
D-1-		
Date	Payee name	
10/30/2024	IRS	
Amount (\$)	Payee address; City; State; Zip (	Code
\$779.04	PO Box 409101	
Expenditure from		
corporate funds	Ogden, UT 84409	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Payroll Tax	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Payroll Tax
Occupation Objective "	Occasionate (Office In 11)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought Office held
5		

#### SCHEDULE F1

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

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

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

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: 9/11	Equity Action 00085718		
4 Date	5 Payee name		
12/09/2024	Mailchimp		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$191.88	405 N Angier Ave. NE.		
Expenditure from			
corporate funds	Atlanta, GA 30308		
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  Email		
	Email		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
11/12/2024	Mailchimp		
	•		
Amount (\$)	Payee address; City; State; Zip Code		
\$191.88	405 N Angier Ave. NE.		
Expenditure from			
corporate funds	Atlanta, GA 30308		
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		
	Email		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
Date	Payee name		
12/30/2024	Mitchell, Kathy		
	·		
Amount (\$) \$2,450.46	Payee address; City; State; Zip Code PO Box 13551		
\$2,430.40	PO BOX 13331		
Expenditure from			
corporate funds	Austin, TX 78711		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Salary		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/11	Equity Action 00085718
4 Date	5 Payee name
12/13/2024	Mitchell, Kathy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,450.46	PO Box 13551
- "	
Expenditure from corporate funds	Austin, TX 78711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
_/	Check if Austin, TX, officeholder living expense
	Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/27/2024	Mitchell, Kathy
Amount (\$)	Payee address; City; State; Zip Code
\$2,450.46	PO Box 13551
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
11/14/2024	Mitchell, Kathy
Amount (\$)	Payee address; City; State; Zip Code
\$2,450.46	PO Box 13551
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Salary
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>1</b>

#### 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 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 complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 7/7 Rpt: 11/11	Equity Action	00085718	
4 Date	5 Payee name	·	
10/30/2024	Mitchell, Kathy		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$2,450.46	PO Box 13551		
- Evnanditura from			
Expenditure from corporate funds	Austin, TX 78711		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Salary	
		Guiary	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held	
expenditure to benefit C/O	H	500	
Date	Payee name		
11/05/2024	Worley Printing		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$1,569.09	3217 N Interstate 35 Frontage Rd		
Ψ1,003.03	SZI Winterstate 66 Frontage Na		
Expenditure from corporate funds	Austin, TX 78702		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Printing	
		-	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held	
expenditure to benefit C/O	Н		