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) 00082465 3 COMMITTEE NAME **OFFICE USE ONLY** Greater ATX - National Women's Political Caucus Date Received **ELECTRONICALLY FILED** 01/12/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 307 Cottonwood Lane Date Hand-delivered or Date Postmarked Change of Address Pflugerville, TX 78660 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Eva NAME NICKNAME LAST **SUFFIX** Eakin Wisser STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 307 Cottonwood Lane STREET **ADDRESS** (Residence or Business) Austin, TX 78660 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 821 W. 11th St. MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 784-5810 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 11/04/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Greater ATX - Nationa	00082465			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Kathie Tovo Mayor, City of	of Austin	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O 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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	553.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	388.48
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Eva Eal	kin Wisser	
		Signature of Ca	ampaign Treasurer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, t	this the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 8

12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Greater ATX - Nati	onal Women's Political C	aucus	00082465
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ms. Vanessa Fuentes Austin City Council, Place 2
(Attach lists on plain paper to complete thi report if necessary.)	s	B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ms. Monica Guzman Austin City Council, Place 4
(Attach lists on plain paper to complete thi report if necessary.)	S	B. Opposed	
	Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ms. Krista Laine Austin City Council, Place 6
(Attach lists on plain paper to complete thi report if necessary.)	s	B. Opposed	
	Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

					Page 4 of 8
				40 5" 15	
M D-liti O-					(Ethics Commission Filers)
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Amy Moore	AISD At-Large,	Place 8	
	B. Opposed				
Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted					
(Identify by name or, if applicable, classify by party.)					
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported A. Supported A. Supported A. Supported	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported A. Supported A. Supported A. Supported A. Supported

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				5 of 8
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission	on Filers)
Greater A				
19 SCHEDUL NAME OF	SUBTOTAL	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
9. X	9. X SCHEDULE E: LOANS			0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	553.62
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	\$			

PLE	DGED CONTRIBU	TIONS		SCHEDULE	В
Т	he Instruction Guide exp	1 Total pages Schedule B: Sch: 1/1 Rpt: 6/8			
2 FILER N	AME	3 Filer ID (Ethics Commission Filers)			
Greater ATX - National Women's Political Caucus				00082465	
TOTAL OF UNITEMIZED PLEDGES				\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$) 9 In-kind description (If applicable)		
	7 Pledgor Address;	City; State; Zip Co	de		
			-	Check if travel outside of Texas. Complete Sci	hedule T
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See In	structions)	

	LOANS					SCHEDULE E
	The Instruction Guide explains how to complete this form					ges Schedule E: 1 Rpt: 7/8
2 FILER NAME Greater ATX - National Women's Political Caucus						(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I	\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ctions)	
14	Description of Coll	lateral		15 Check if personal fun	ds were deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instru	ctions)	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 8/8 Greater ATX - National Women's Political Caucus 00082465 4 Date Payee name 11/01/2024 **Austin Chronicle** 6 Amount (\$) Payee address; City; State; Zip Code \$479.00 4000 N IH 35 Expenditure from Austin, TX 78751 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Ad Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/21/2024 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$37.31 1601 Trapelo Road Expenditure from Waltham, ME 02451 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Email Platform Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/23/2024 **Constant Contact** Amount (\$) Payee address: City; State; Zip Code \$37.31 1601 Trapelo Road Expenditure from Waltham, ME 02451 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Email Platform Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH