#### 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) 00055548 3 COMMITTEE NAME **OFFICE USE ONLY** North Dallas Texas Democratic Women Date Received **ELECTRONICALLY FILED** 01/16/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 17201 Hidden Glen Drive Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Lenna NAME NICKNAME LAST **SUFFIX** Webb STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 17201 Hidden Glen Drive STREET **ADDRESS** (Residence or Business) Dallas, TX 75248 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 17201 Hidden Glen Drive MAILING **ADDRESS** Dallas, TX 75248 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 732-7712 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** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 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)
North Dallas Texas D	Democratic Women		00055548	
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 Manauran	A. Supported		
	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 N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,095.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,062.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Ms Lan	na Webb	
		Signature of Car		rer
AFFIX NOTA	RY STAMP / SEAL ABOVE	Ç	. •	
Sworn to and subscrib	ed before me, by the said	, th	nis 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 offic	er administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			JVER GITEET	3 of 27
	TEE NAME allas Texas Democratic Women	<b>18</b> Filer ID 00055548	(Ethics Commission	Filers)
	,			
	JLE SUBTOTALS F SCHEDULE	SUBTOTAL AN	MOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,095.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	2,065.55
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	32.48

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this form	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/27	
2	FILER NAME North Dallas	Texas Democratic Women			3	Filer ID (Ethics Commission 00055548	n Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  McDowell, Jan (Ms.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
8	Principal occu CPA	Carrollton, TX 75007 pation / Job title (See Instructions)	9	Employer (See Instructions self	<u> </u>		
	Date  Full name of contributor out-of-state PAC (ID#:)  Alvoid, Kathy (Ms.)  Contributor address; City; State; Zip Code  Farmers Branch, TX 75238			Amount of Contribution (\$)	\$50.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:)  11/17/2024 Baker, Rebecca (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00		
		Dallas, TX 75205					
	Marketingh A	pation / Job title (See Instructions) Analyst		Employer (See Instructions Homeowners Collection		ne	
Date Full name of contributor out-of-state PAC (ID#:)  07/14/2024 Bradley, David  Contributor address; City; State; Zip Code  Irving, TX 75062				Amount of Contribution (\$)	\$45.00		
	•	pation / Job title (See Instructions) Collection Supervisor		Employer (See Instructions Dallas County	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  07/15/2024 Bradley, Susan (Ms.)  Contributor address; City; State; Zip Code  Irving, TX 75063			Amount of Contribution (\$)	\$45.00		
	Principal occu Accounting S	pation / Job title (See Instructions) Supervisor		Employer (See Instructions Dallas Morning News	i)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/27		
2	FILER NAME North Dallas	Texas Democratic Women			3	Filer ID (Ethics Commission 00055548	n Filers)
4	Date 10/08/2024			7	Amount of Contribution (\$)	\$45.00	
		Dallas, TX 75244					
8	Principal occu Realtor	pation / Job title (See Instructions)	9	Employer (See Instructions self	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/27/2024 Chizeck, Susan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00		
		Dallas, TX 75254	1				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/13/2024 Coats, Sam  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00		
		Dallas, TX 75230					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/25/2024	Full name of contributor  Davis, Jill (Ms.)  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$45.00
	Principal occu Teacher	Dallas, TX 75243 pation / Job title (See Instructions)		Employer (See Instructions Winfree Charter Schools			
	Date Full name of contributor out-of-state PAC (ID#:)  Donovan, Carol  Contributor address; City; State; Zip Code  Dallas, TX 75214			Amount of Contribution (\$)	\$80.00		
		pation / Job title (See Instructions)		Employer (See Instructions		00	
	Attorney-Me	uiatUI		Carol Crabtree Donovar	ı, F		

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/27	
2	FILER NAME  North Dallas Texas Democratic Women		3	Filer ID (Ethics Commission 00055548	n Filers)		
4	10/28/2024 Donovan, Carol  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$45.00		
8	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	9	Employer (See Instructions	:) [		
Ü	Attorney-Me		ľ	Carol Crabtree Donovar		С	
	Date Full name of contributor out-of-state PAC (ID#:)  11/10/2024 Friedman, Melissa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$130.00		
		Carrolton, TX 75007-1916			<u></u>		
	Principal occupation / Job title (See Instructions)  Finance  Employer (See Instructions)  Richemont		5)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/27/2024 Frizell, Elizabeth (Judge)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00		
		Dallas, TX 75249					
	Principal occu judge	pation / Job title (See Instructions)		Employer (See Instructions Dallas County	5)		
	Date 10/08/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$45.00
	Principal occu Real Estate	pation / Job title (See Instructions) Broker		Employer (See Instructions Compass RE Texas	5)		
	Date 10/08/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$80.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
			•				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/27	
2	P. FILER NAME  North Dallas Texas Democratic Women		3	Filer ID (Ethics Commission 00055548	Filers)			
4	12/06/2024 Gruger, Joyce  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00			
8	Principal occu Homemaker	Addison, TX 75001 pation / Job title (See Instructions	s)	9	Employer (See Instructions Self	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/10/2024 Hendry, Sierra  Contributor address; City; State; Zip Code  Arlington, TX 76016			Amount of Contribution (\$)	\$50.00			
	Principal occu Nurse	pation / Job title (See Instructions	5)		Employer (See Instructions SWBC PEO ER	<u> </u> 5)		
	Date 07/25/2024	Full name of contributor Jang, Liz Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$45.00
		Dallas, TX 75206 pation / Job title (See Instructions	s)		Employer (See Instructions	 i)		
	Owner  Date 08/31/2024	Full name of contributor Kell Contributor address; City; S Dallas, TX 75229	out-of-state PAC (ID#:_ , Jenny tate; Zip Code		)		Amount of Contribution (\$)	\$45.00
	Principal occu Occupationa	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>                                      </u>		
	Date 11/21/2024	Full name of contributor Krauss-Lehrman, Tricia (I Contributor address; City; S Dallas, TX 75248			)		Amount of Contribution (\$)	\$45.00
	Principal occu speech patho	pation / Job title (See Instructions ologist	5)		Employer (See Instructions TKL Speech and Langu		e Services	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'N	S		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orn	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/27	
2	FILER NAME North Dallas	Texas Democratic Women				3	Filer ID (Ethics Commission 00055548	ı Filers)
4	Date 07/14/2024			7	Amount of Contribution (\$)	\$75.00		
		Dallas, TX 75226						
8	Principal occu Caterer	pation / Job title (See Instructions)	)		Employer (See Instructions Wendy Krispin Caterer,			
	Date Full name of contributor out-of-state PAC (ID#:)  10/10/2024 Maduro, Emily  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00			
	Principal occu Retired	Dallas, TX 75204  upation / Job title (See Instructions)	)		Employer (See Instructions Retired	<u> </u> ;)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Michael, Sandra (Ms.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75225						
	Retired	pation / Job title (See Instructions	)		Employer (See Instructions None	5)		
	Date 11/11/2024	Full name of contributor Noel, Julie (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$125.00
	Principal occu speech path	upation / Job title (See Instructions)	)		Employer (See Instructions Burtis & Noel Center	5)		
	Date 07/29/2024	Full name of contributor Polanowicz, Kathleen Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$30.00
	Principal occu Attorney	upation / Job title (See Instructions)	)		Employer (See Instructions None	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/27		
2			3	Filer ID (Ethics Commission	n Filers)				
		Texas Democratic Women	_			L	00055548		
4	Date 11/11/2024	Full name of contributor     Roberson, Evelyn     Contributor address; City; Si	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$45.00	
		Richardson, TX 75082							
8	Principal occu writer	pation / Job title (See Instructions	5)	9	Employer (See Instructions self employed	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)		
	11/04/2024	Rodriguez, Carol (Ms.)						\$50.00	
	Contributor address; City; State; Zip Code								
		Richardson, TX 75081							
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		s)						
	Language Professor Pan-Americano								
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	<b>*</b> 45.00	
	12/06/2024	Shuttee, Anne						\$45.00	
		Contributor address; City; Si Dallas, TX 75214	ate, Zip Code						
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	5)			
	Attorney - Mo	ediator			Self				
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)		
	07/24/2024	Shuttee, Anne (Ms.)  Contributor address; City; Si	ate; Zip Code					\$25.00	
		Dallas, TX 75214							
	Principal occu attorney	pation / Job title (See Instructions	5)		Employer (See Instructions self employed	s)			
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)		
	12/06/2024	Webb, Lenna						\$200.00	
		Contributor address; City; Si	ate; Zip Code						
	Dringing!	Dallas, TX 75248	<u>,                                      </u>		Employer (Cooks to street)	<u>'</u>			
	retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	s) 			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 7/7 Rpt: 10/27	
2	FILER NAME  North Dallas Texas Democratic Women		3	Filer ID (Ethics Commission 00055548	n Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 07/08/2024 Webb, Lenna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$400.00	
		Dallas, TX 75248				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	s) 		
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID#:_ Webb, Lenna Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75248				
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Webb, Lenna (Ms.)  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$200.00
	Principal occu	Dallas, TX 75248  upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	retired		none			

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/16 Rpt:	North Dallas Texas Democratic Women	00055548		
4 Date	5 Payee name	1		
07/15/2024	Adobe			
6 Amount (\$)	7 Payee Address; City; State; Zip			
32.46	345 Park Ave			
Expenditure from corporate funds	San Jose, CA 95110-2704			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Advertising Expense	Clip Art Subscription		
LAPENDITORE				
Date	Payee name			
08/14/2024	Adobe			
Amount (\$)	Payee Address; City; State; Zip			
32.46	345 Park Ave			
Expenditure from				
corporate funds	San Jose, CA 95110-2704			
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•		
OF EXPENDITURE	Advertising Expense	Clip Art Subscription		
Date	Payee name			
09/16/2024	Adobe			
Amount (\$)	Payee Address; City; State; Zip			
32.46	345 Park Ave			
Expenditure from	Car 1 04 05110 0704			
corporate funds	San Jose, CA 95110-2704			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Advertising Expense	•		
EXPENDITURE	Advertising Expense	Clip Art Subscription		
Doto	Payes name			
Date 10/15/2024	Payee name Adobe			
Amount (\$)	Payee Address; City; State; Zip  345 Park Ave			
32.46	345 Park Ave			
Expenditure from corporate funds	San Jose, CA 95110-2704			
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Advertising Expense	Clip Art Subscription		

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 2/16 Rpt:	2 FILER NAME North Dallas Texas Democratic Women  3 Filer ID (Ethics Commission Filers) 00055548
4	Date 10/15/2024	5 Payee name Adobe
6	Amount (\$) 21.64 Expenditure from	7 Payee Address; City; State; Zip 345 Park Ave
	corporate funds	San Jose, CA 95110-2704
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) software subscription
	Date 11/15/2024	Payee name Adobe
	Amount (\$)  21.64  Expenditure from corporate funds	Payee Address; City; State; Zip 345 Park Ave San Jose, CA 95110-2704
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description Unknown
	Date 07/24/2024	Payee name Affirm
	Amount (\$)  31.95  Expenditure from corporate funds	Payee Address; City; State; Zip 650 California Street 12th floor Ssn Francisco, CA 94108
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense  (b) Description (See instructions regarding type of information required.) Lucite Candle for drawing
	Date 08/26/2024	Payee name Affirm
	Amount (\$)  16.98  Expenditure from corporate funds	Payee Address; City; State; Zip 650 California Street 12th floor Ssn Francisco, CA 94108
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information required.) Gift for drawing

	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 3/16 Rpt:	North Dallas Texas Democratic Women	00055548				
4 Date	5 Payee name					
09/24/2024	Affirm					
6 Amount (\$)	7 Payee Address; City; State; Zip					
31.95	650 California Street 12th floor					
Expenditure from corporate funds	Ssn Francisco, CA 94108					
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Gift/Awards/Memorials Expense	Drawing Prize				
EXPENDITORE						
Date	Payee name					
09/25/2024	Affirm					
Amount (\$)	Payee Address; City; State; Zip 650 California Street					
16.38	12th floor					
Expenditure from corporate funds	Ssn Francisco, CA 94108					
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Event Expense	Door Prize				
_,,,_,,,,,						
Date	Payee name					
07/10/2024	Apple					
Amount (\$)	Payee Address; City; State; Zip					
2.99	2024 One Apple Park Way, Cupertino, CA 9501	4				
Expenditure from	Comparison CA 05014					
corporate funds	Cupertino, CA 95014	(Coc instructions regarding these of information required)				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(See instructions regarding type of information required.)  Website Expense				
EXPENDITURE		Treasure Enperies				
Date	Payee name					
07/17/2024	Apple					
Amount (\$)	Payee Address; City; State; Zip					
7.57	2024 One Apple Park Way, Cupertino, CA 9501	4				
Expenditure from	Cupertino, CA 95014					
corporate funds  PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(See instructions regarding type of information required.)				
OF	Advertising Expense	Subscription (See institutions regarding type of information required.)				
EXPENDITURE		•				

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I: Sch: 4/16 Rpt:	FILER NAME     North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
4 Date	5 Payee name	
08/07/2024	Apple	
6 Amount (\$)	7 Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 950	014
Expenditure from corporate funds	Cupertino, CA 95014	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· ·
OF EXPENDITURE	Office Overhead/Rental Expense	I Cloud Storage
Date	Payee name	
07/17/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
10.81	2024 One Apple Park Way, Cupertino, CA 950	014
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Advertising Expense	Subscription
Date	Payee name	
08/18/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
10.81	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	· ·
EXPENDITURE	Advertising Expense	Subscription
Date	Payee name	
08/19/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
7.57	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	·
OF EXPENDITURE	Advertising Expense	Microsoft 365 Subscription

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I: Sch: 5/16 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
4 Date	5 Payee name	-
09/09/2024	Apple	
6 Amount (\$)	7 Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from corporate funds	Cupertino, CA 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) I Cloud Storage
Date	Payee name	
09/17/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
10.81	2024 One Apple Park Way, Cupertino, CA 950	14
Expenditure from corporate funds	Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.)  Subscription
Date	Payee name	
09/18/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
7.57	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from corporate funds	Cupertino, CA 95014	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	Microsoft 365 Subscription
Date	Payee name	
10/08/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 950	14
Expenditure from corporate funds	Cupertino, CA 95014	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	I Cloud Storage
	,	

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/16 Rpt:	North Dallas Texas Democratic Women 00055548	
4 Date	5 Payee name	
10/01/2024	Apple	
6 Amount (\$)	7 Payee Address; City; State; Zip	
75.76	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from		
corporate funds	Cupertino, CA 95014	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
EXPENDITURE	Office Overhead/Rental Expense Unknown	
Date	Payee name	
10/16/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
10.81	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Advertising Expense Subscription	
Date	Payee name	
10/21/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
7.57	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Office Overhead/Rental Expense Microsoft 365 Subscription	
Date	Payee name	
11/08/2024	Apple	
Amount (\$)	Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 95014	
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Office Overhead/Rental Expense I Cloud Storage	

	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/16 Rpt:	North Dallas Texas Democratic Women 00055548	
4	Date	5 Payee name	
	10/10/2024	Avast	
6	Amount (\$)	7 Payee Address; City; State; Zip	
	84.42	2625 Broadway	
	Expenditure from corporate funds	Redwood City, CA 94063-1532	
8	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
	OF EXPENDITURE	Office Overhead/Rental Expense computer software	
	LXFLINDITORL		
	Date	Payee name	
	11/12/2024	Avast	
	Amount (\$)	Payee Address; City; State; Zip	
	71.43	2625 Broadway	
_	Expenditure from		
<u>_</u>	corporate funds	Redwood City, CA 94063-1532	
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
	EXPENDITURE	Office Overhead/Rental Expense Avast Cleanup Premium	
	Date	Payee name	
	11/01/2024	Avast BreachGuard	
	Amount (\$)	Payee Address; City; State; Zip	
	47.62	2625 Broadway	
	Expenditure from		
	corporate funds	Redwood City, CA 94063-1532	
	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
	OF EXPENDITURE	Office Overhead/Rental Expense Computer Software	
	Date	Payee name	
	07/03/2024	Bank of Texas	
	Amount (\$)	Payee Address; City; State; Zip P.O. Box29775	
	34.50	F.O. B0X29773	
	Expenditure from corporate funds	Dallas, TX 75229-0775	
	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
	OF	Fees Overdraft Fee	
	EXPENDITURE		
		<u> </u>	

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I: Sch: 8/16 Rpt:	2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
4 Date	5 Payee name	<u> </u>
08/26/2024	Birthday Alarm.com	
6 Amount (\$)	7 Payee Address; City; State; Zip	
20.99	245 5th Street	
Expenditure from	Box 107	
corporate funds	San Francisco, CA 94103	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	· ·
EXPENDITURE	1003	Yearly subscription
Date	Payee name	
07/16/2024	Carbonite	
Amount (\$)	Payee Address; City; State; Zip	
11.45	2 Ave. de Lafayette	
Expenditure from	Poston MA 02111	
corporate funds	Boston, MA 02111	(Coe instructions regarding three of information required)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.)  Computer Backup Service
EXPENDITURE		Computer Buokap Service
Date	Payee name	
08/14/2024	Carbonite	
Amount (\$)	Payee Address; City; State; Zip	
11.45	2 Ave. de Lafayette	
Expenditure from corporate funds	Boston, MA 02111	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Fees	Computer Backup Subscription
EXPENDITURE		
Date	Payee name	
09/16/2024	Carbonite	
Amount (\$)	Payee Address; City; State; Zip	
11.45	2 Ave. de Lafayette	
Expenditure from corporate funds	Boston, MA 02111	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Office Overhead/Rental Expense	Computer Backup Subscription
EXPENDITURE		

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/16 Rpt:	North Dallas Texas Democratic Women	00055548
4 Date	5 Payee name	
10/16/2024	Carbonite	
6 Amount (\$)	7 Payee Address; City; State; Zip	
11.45	2 Ave. de Lafayette	
Expenditure from corporate funds	Boston, MA 02111	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•
OF EXPENDITURE	Office Overhead/Rental Expense	Computer Backup
EXI ENDITORE		
Date	Payee name	
11/18/2024	Carbonite	
Amount (\$)	Payee Address; City; State; Zip	
11.45	2 Ave. de Lafayette	
Expenditure from		
corporate funds	Boston, MA 02111	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	Computer Backup Service
LAPENDITORE		
Date	Payee name	
12/17/2024	Carbonite	
Amount (\$)	Payee Address; City; State; Zip	
11.45	2 Ave. de Lafayette	
Expenditure from		
corporate funds	Boston, MA 02111	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•
OF EXPENDITURE	Office Overhead/Rental Expense	Computer Backup Subscription
Date	Payee name	
09/05/2024	Franklin, Bob	
Amount (\$)	Payee Address; City; State; Zip	
200.00	17201 Hidden Glen Dr	
Expenditure from		
corporate funds	Dallas, TX 75248	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•
OF EXPENDITURE	Legal Services	Consoltation

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/16 Rpt:	North Dallas Texas Democratic Women	00055548
4 Date	5 Payee name	
07/02/2024	Google	
6 Amount (\$)	7 Payee Address; City; State; Zip	
7.68	1600 Amphitheatre Parkway	
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Google GSuite
EXI ENDITORE		
Date	Payee name	
08/02/2024	Google	
Amount (\$)	Payee Address; City; State; Zip	
7.68	1600 Amphitheatre Parkway	
Expenditure from		
corporate funds	Mountain View, CA 94043	
PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Advertising Expense	Google Suite Subscription
LAPENDITORE		
Date	Payee name	
09/03/2024	Google	
Amount (\$)	Payee Address; City; State; Zip	
7.68	1600 Amphitheatre Parkway	
Expenditure from		
corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Advertising Expense	G-Suite
Date	Payee name	
10/01/2024	Google	
Amount (\$)	Payee Address; City; State; Zip	
7.68	1600 Amphitheatre Parkway	
Expenditure from		
corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Advertising Expense	G-Suite Subscription
EXI ENDITORE		

	The Instruction Guide explains how to complete this form.	
Total pages Schedule I:     Sch: 11/16 Rpt:	2 FILER NAME North Dallas Texas Democratic Women  3 Filer ID (Ethics Commission Filers) 00055548	
4 Date 11/04/2024	5 Payee name Google	
6 Amount (\$)  7.88  Expenditure from corporate funds	7 Payee Address; City; State; Zip 1600 Amphitheatre Parkway  Mountain View, TX 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  (b) Description (See instructions regarding type of information required.) G-Suite Subscription	
Date 09/05/2024	Payee name Mettam, Tiffany	
Amount (\$)  111.00  Expenditure from corporate funds	Payee Address; City; State; Zip 2002 Apollo Rd. Richardson, TX 75081	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor  (b) Description (See instructions regarding type of information required.) Social Media Posting	
Date 08/29/2024	Payee name Mettam, Tiffany (Ms.)	
Amount (\$)  81.00  Expenditure from corporate funds	Payee Address; City; State; Zip 2002 Apollo Rd. Richardson, TX 75081	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Salaries/Wages/Contract Labor  (b) Description (See instructions regarding type of information required.)  Social Media Posting	
Date 10/21/2024	Payee name Microsoft	
Amount (\$)  108.24  Expenditure from corporate funds	Payee Address; City; State; Zip 7000 SR-161  Dallas, TX 75039	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Yearly Micro.365 subscription	

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/16 Rpt:	North Dallas Texas Democratic Women	00055548
4 Date	5 Payee name	
07/14/2024	Pay Pal, Inc	
6 Amount (\$)	7 Payee Address; City; State; Zip	
3.64	2211 N First	
Expenditure from corporate funds	San Joe, CA 95131	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Credit Card Transaction Fee
EXPENDITURE		
Date	Payee name	
07/15/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
3.32	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Credit Card Transaction Fees
LAI ENDITORE		
Date	Payee name	
07/25/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
3.72	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	l ·
OF EXPENDITURE	Fees	Credit Card Transaction Fees
Date	Payee name	
08/31/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
4.62	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	<u>,                                    </u>
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	·
OF EXPENDITURE	Fees	Credit Card Transaction Fees

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/16 Rpt:	North Dallas Texas Democratic Women	00055548
4 Date	5 Payee name	
10/08/2024	Pay Pal, Inc	
6 Amount (\$)	7 Payee Address; City; State; Zip	
6.28	2211 N First	
Expenditure from corporate funds	San Joe, CA 95131	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Credit Card Transaction Fees
EXPENDITURE		
Date	Payee name	
10/10/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
3.11	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Credit Card Transaction Fees
EXPENDITURE		
Date	Payee name	
10/13/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
5.52	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Credit Card Transaction Fees
Date	Payee name	
10/27/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
3.73	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	·
OF EXPENDITURE	Fees	Credit Card Transaction Fees

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/16 Rpt:	North Dallas Texas Democratic Women	00055548
4 Date	5 Payee name	
10/28/2024	Pay Pal, Inc	
6 Amount (\$)	7 Payee Address; City; State; Zip	
3.72	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) De	•
EXPENDITURE	Fees Cr	redit Card Transaction Fees
Date	Payee name	
11/02/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
6.82	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) De	•
EXPENDITURE	Fees Cr	redit Card Transaction Fees
Date	Payee name	
11/11/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
5.39	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) De	•
EXPENDITURE	Fees Cr	redit Card Transaction Fees
Date	Payee name	
11/17/2024	Pay Pal, Inc	
Amount (\$)	Payee Address; City; State; Zip	
3.73	2211 N First	
Expenditure from		
corporate funds	San Joe, CA 95131	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) De	•
OF EXPENDITURE	Fees Cr	redit Card Transaction Fees

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I: Sch: 15/16 Rpt:	FILER NAME     North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548
4 Date 10/04/2024	5 Payee name United States Postal Service	•
6 Amount (\$)  89.60  Expenditure from	7 Payee Address; City; State; Zip 5995 Summerside Dr	
Corporate funds  8 PURPOSE  OF  EXPENDITURE	Dallas, TX 75248  (a) Category (See instructions for examples of acceptable categories)  Event Expense	(b) Description (See instructions regarding type of information required.)  Postage for Candidate mailing
Date 10/15/2024	Payee name Wave Pro	
Amount (\$)  35.99  Expenditure from corporate funds	Payee Address; City; State; Zip 155 Queens Quay E, Box 3  Toronto ON M5A0W4 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.)  Accounting Software
Date 07/03/2024	Payee name Webb, Lenna (Ms.)	
Amount (\$)  500.00  Expenditure from corporate funds	Payee Address; City; State; Zip 17201 Hidden Glen Drive Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services for Year
Date 07/11/2024	Payee name Zoom Video Communications, Inc.	
Amount (\$)  17.05  Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)  Live Video for Board Meetings

The Instruction Guide explains how to complete this form.	
1 Total pages Schedule I:	2 FILER NAME North Dallas Texas Democratic Women 3 Filer ID (Ethics Commission Filers) 00055548
Sch: 16/16 Rpt:	
4 Date	5 Payee name
08/12/2024	Zoom Video Communications, Inc.
6 Amount (\$)	7 Payee Address; City; State; Zip
17.05	55 Almaden Blvdl
Expenditure from	6th Floor
corporate funds	San Jose, CA 75113
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Fees Live Video for Board Meetings
Date	Payee name
09/11/2024	Zoom Video Communications, Inc.
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee Address; City; State; Zip
17.05	55 Almaden Blvdl 6th Floor
Expenditure from	San Jose, CA 75113
corporate funds	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required.) Live Video for Board Meetings
EXPENDITURE	Live video for Board Meetings
Date	Payee name
11/12/2024	Zoom Video Communications, Inc.
Amount (\$)	Payee Address; City; State; Zip
17.05	55 Almaden Blvdl
Expenditure from	6th Floor
corporate funds	San Jose, CA 75113
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees Live Video for Board Meetings
Dete	Development of the control of the co
Date	Payee name
12/11/2024	Zoom Video Communications, Inc.
Amount (\$)	Payee Address; City; State; Zip
17.05	55 Almaden Blvdl
Expenditure from	6th Floor
corporate funds	San Jose, CA 75113
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required.) Live Video for Board Meeeting
EXPENDITURE	Live video for Board Meeeting

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 27/27 2 FILER NAME 3 Filer ID (Ethics Commission Filers) North Dallas Texas Democratic Women 00055548 8 Amount (\$) Date 5 Name of person from whom amount is received 10/15/2024 \$32.48 Adobe 6 Address of person from whom amount is received; City; State; Zip Code San Jose, CA 95110-2704 Purpose for which amount is received Check if political contribution returned to filer Refund on Subscription Canceled