GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Τŀ | e GPAC Instruction | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) 00054064 | 2 Total pages filed: 4 | | | |
|----|---------------------------------|---|--|---|--|--|--|
| 3 | COMMITTEE NAME | OFFICE USE ONLY | | | | | |
| | Texas Stonewall D | emocratic Caucus | | Date Received ELECTRONICALLY FILED 01/15/2025 | | | |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; CI | TY; STATE; ZIP CODE | | | | |
| | ADDRESS | 633 S. St Mary's St #1503 | | Date Hand-delivered or Date Postmarked | | | |
| | Change of Address | | | | | | |
| | | San Antonio, TX 78283 | | Receipt # Amount | | | |
| | | | | Date Processed | | | |
| | | | | Date Imaged | | | |
| 5 | | MS / MRS / MR FIRST | | MI | | | |
| | TREASURER NAME | Mr. Michael | | | | | |
| | | NICKNAME LAST | | SUFFIX | | | |
| | | Apodaca | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; CITY; | STATE; ZIP CODE | | | |
| | TREASURER STREET ADDRESS | 1401 Montana Ave. | | | | | |
| | | Ste. E | | | | | |
| | (Residence or Business) | El Paso, TX 79902 | | | | | |
| 7 | CAMPAIGN | STREET OR PO BOX; | APT / SUITE #; CITY | ; STATE; ZIP CODE | | | |
| | TREASURER MAILING ADDRESS | 1401 Montana Ave. | | | | | |
| | | Ste. E | | | | | |
| | Change of Address | El Paso, TX 79902 | | | | | |
| 8 | CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | | | | |
| | TREASURER PHONE | (915) 252-4520 | | | | | |
| 9 | REPORT | X January 15 | Oth day before election | Dissolution (Attach PAC-DR) | | | |
| | TYPE | | h day before election | 10th day after campaign treasurer | | | |
| | | July 15 | | termination | | | |
| | | | unoff | | | | |
| 10 | PERIOD | Month Day Year | Month Day | Year | | | |
| | COVERED | 10/27/2024 T | HROUGH 12/31/2024 | 4 | | | |
| | | | | | | | |
| 11 | . ELECTION | ELECTION DATE | Primary Runoff | Other | | | |
| | | | | | | | |
| | | | General Special | | | | |
| L | | | | | | | |
| | | | | | | | |
| | GO TO PAGE 2 | | | | | | |
| Fo | rms provided by Te | xas Ethics Commission www.e | thics.state.tx.us | Version V4.1.0.5dd2ace2 | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|---------------|----------------------------|
| Texas Stonewall Demo | 00054064 | | | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (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.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA | L CONTRIBUTIONS | \$ | 0.00 |
| EXPENDITURE TOTALS | | DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | |
| | | | Ŭ. | 650.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | | 10,968.71 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | • | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code. | | |
| | | | | |
| | el Apodaca | | | |
| | npaign Treası | liter | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | nis the | day | | |
| of | , 20, to certify w | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of offi | cer administering oath |
| Forms provided by Texas E | thics Commission | www.ethics.state.tx.us | | Version V4.1.0.5dd2ace2 |

| SUBTOTALS - GPAC | C | FORM GPAC OVER SHEET PG 3 | | | | | |
|--|---|------------------------------|--|--|--|--|--|
| 17 COMMITTEE NAME Texas Stonewall Democratic Caucus | 18 Filer ID 00054064 | (Ethics Commission Filers) | | | | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | | | | | | |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | | | | | | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | | | | | | |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | \$ | | | | | | |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | | | | | |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | GANIZATION | \$ | | | | | |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | 2 | \$ | | | | | |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR | ORGANIZATION | \$ | | | | | |
| 9. SCHEDULE E: LOANS | | \$ | | | | | |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 650.00 | | | | | |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | | | | | |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ | | | | | |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | | | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | EXPENDITURE C Event Expense Fees God/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide | Loan F Office Polling Printin Salarie | Repayment/ Overhead/F Expense g Expense s/Wages/C | Reimbursement Rental Expense ontract Labor | | Transportation E Travel in District Travel Out of Dis | |
|---|---|----------|---|---|---|--|-------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILF | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/1 Rpt: 4/4 | | as Stonewall Democratic C | aucus | | | | 00054064 | |
| 4 | Date | 5 Pav | ee name | | | | | | |
| | 12/10/2024 | - | as House LGBTQ Caucus | | | | | | |
| 6 | Amount (\$) | 7 Pay | ee address; City; | State; Zip | Code | | | | |
| | \$500.00 | 110 | 0 Congress Ave. | | | | | | |
| | Expenditure from corporate funds | Aus | sitn, TX 78701 | | | | | | |
| 8 | PURPOSE | (a) Cate | egory (See Categories listed at the top | o of this schedule) | (b) 🛛 | Description | | | |
| | OF | | ntributions/Donations Made | | Г | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | ndidate/Officeholder/Politica | | Ī | Check if Austin, | , тх, | officeholder living | expense |
| | | | | . John miller | | Donation | | | |
| | | | | | ' | | | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | idate/Officeholder name | Office s | ought | | | Office h | eld |
| | Date | Pav | ee name | | | | | | |
| | 12/16/2024 | | as House LGBTQ Caucus | | | | | | |
| | | | - | | | | | | |
| | Amount (\$) | Pay | ee address; City; | State; Zip | Code | | | | |
| | \$150.00 | 110 | 0 Congress Ave. | | | | | | |
| | | | C | | | | | | |
| | Expenditure from corporate funds | Aus | sitn, TX 78701 | | | | | | |
| | PURPOSE | (a) Cate | egory (See Categories listed at the top | of this schedule) | (b) [| Description | | | |
| | OF | | ntributions/Donations Made | | Г | Check if travel of | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | ndidate/Officeholder/Politica | | Ī | Check if Austin, | , тх, | officeholder living | g expense |
| | | Oui | | Committee | | Donation | | | |
| | | | | | - | onation | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Cand | idate/Officeholder name | Office s | ought | | | Office h | eld |
| | expenditure to benefit C/OI | 4 | | | | | | | |
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