GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Filer ID (Ethics Commission Filers) 00083026		2 Total pages filed: 11		
3	COMMITTEE NAME				OFFICE	USE ONLY
	Workers Defense	Action Fund PAC			Date Received	
					ELECTRONIC	
					01/15/2025	
	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	TY;	STATE; ZIP CODE		
*	ADDRESS	PO BOX 143001		JIATE, ZIP CODE		
		PO BOX 143001			Date Hand-delivered o	or Date Postmarked
	Change of Address					
		Austin, TX 78714			Receipt #	Amount
					Date Processed	
					Dale Flocesseu	
					Date Imaged	
					°	
5	CAMPAIGN	MS / MRS / MR FIRST			MI	
	TREASURER NAME	Ms. Lizeth				
		NICKNAME LAST			SUFFIX	
		Chacon				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #; CITY;	ST	ATE; ZIP CODE
-	TREASURER	5604 Manor Road		· · · · · · · · · · · · · · · · · · ·		
	STREET ADDRESS					
	(Residence or Business)	Austin, TX 78723				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CITY	·	TATE; ZIP CODE
ľ	TREASURER			APT/SOITE#, CITY	, 5	TATE, ZIP CODE
	MAILING	5604 Manor Road				
	ADDRESS					
	Change of Address	Austin, TX 78723				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION		
	TREASURER PHONE	(469) 657-3924				
	PHONE					
9	REPORT	X January 15	0th	day before election	Dissolution (Atta	ch PAC-DR)
	TYPE				`	
		J July 15	th d	ay before election	10th day after ca	mpaign treasurer
			Runo	ff		
10	PERIOD	Month Day Year		Month Day	Year	
-	COVERED	-	HR	OUGH 12/31/202		
11	ELECTION	ELECTION DATE		ELECTION TYPE		
		Month Day Year	Prim	ary Runoff	Other	
			Gen	eral Special		
		1				
		60	т∩	PAGE 2		
For	rms provided by Te	xas Ethics Commission www.e	ethic	cs.state.tx.us	Versi	on 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)
Workers Defense Action	Fund PAC		000830	26
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 (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 M	D 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	\$	54,255.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	33,723.30
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 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.		
		Ms. Lizet	h Chacon	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of o	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SU	BT	OTALS - GPAC	C	FORM GPAC OVER SHEET PG 3 3 of 11
		E NAME Defense Action Fund PAC	18 Filer ID 00083026	(Ethics Commission Filers)
		E SUBTOTALS 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)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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 54,058.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
				1

8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.		SCHEDULE E: LOANS	\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 54,058	3.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,063	3.73
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 157	7.43

17 COMMITTEE NAME

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Loan Repayment// Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C The Instruction Guide explains how to complete	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 1/3 Rpt: 4/11	Workers Defense Action Fund PAC	00083026			
4	Date	Payee name				
	11/01/2024	Kickin Ass Takin Names				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$27,029.00	6717 Mount Carmel St				
	Expenditure from corporate funds	Houston, TX 77087				
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for field work			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought ishop, Averie State Represe	Office held ntative District			
	Date	Payee name				
		(see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OF	immons, Lauren State Represe	ntative District			
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State; Zip Code				
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) D	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought eare, Sean District Attorne	Office held ey, Harris Co.			
			-			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITU	RE CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	office Ove nse Polling Exp s Expense Printing Exp	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 5/11	Workers Defense Action F	und PAC		00083026
4 Date	5 Payee name (see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de	
corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at	the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Siegal, Mike	Office sou Austin Ci	^{jht} y Council District	Office held
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Co	le	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at	the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sou	jht	Office held
expenditure to benefit C/OI	Cook, Molly	State Ser	ator District SD15	5
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Co	le	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at		Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Menefee, Christian	Office sou Harris Co	ght unty District Attor	Office held ney

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 6/11	Workers Defense Action Fund PAC		00083026
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ce sought stin City Council District	Office held
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	u	ce sought te Representative District	Office held
Date	Payee name		
10/27/2024	Kickin Ass Takin Names		
Amount (\$) \$27,029.00	Payee address; City; State; 2 6717 Mount Carmel St	Zip Code	
Expenditure from corporate funds	Houston, TX 77087		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense d work
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ce sought	Office held

	EXPENDITURE	5 MADE	віс		D		SC	HEDUL	e F4
	Advertising Expense Accounting/Banking		EXPI Event Exp Fees	ENDITURE CATEGOR	IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense	Sol	licitation/Fundraising E ansportation Equipmer	Expense	Typense
	Consulting Expense Constributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beve	erage Expense Is/Memorials Expense vices	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra	avel in District avel Out of District THER (enter a category		
			The Inst	ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME	<u> </u>				3 Filer ID (Ethic	s Commiss	ion Filers)
	Sch: 1/4 Rpt: 7/11	Workers De	efense A	Action Fund PAC			00083026		
4	CREDIT CARD	Nam	e of fina	ncial institution	5 TOTAL OF UNITEN	/IZED			
	ISSUER	Univers	ity Fede	eral Credit Union	EXPENDITURES CHARGED TO A C CARD	REDIT	\$		
6	PAYMENT	(a) Amount Cha	rged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid		
	Expenditure from corporate funds	\$20.00		12/31/2024					
7	PAYEE	(a) Payee name)		(b) Payee address;		City,	State,	Zip Code
		University F	ederal	Credit Union	PO Box 9350				
					Austin, TX 78766				
8	PURPOSE OF	(a) Category			(b) Description				
	EXPENDITURE Political	(See Categories liste Accounting/Ba		of this schedule)	banking fee				
	X Non-Political	(C) Check if tra	vel outside	of Texas. Complete Schedule	T. Check if Au	ustin, TX, (officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Off	ceholder	r name O	ffice sought		Office held		
	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Cha	rged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid		
	Expenditure from corporate funds	\$21.31		12/03/2024					
	PAYEE	(a) Payee name)	1	(b) Payee address;		City,	State,	Zip Code
		Curra Day mal			2350 Ravine Way				
		SurePayrol			Suite100				
					Glenview, IL 60025				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top	of this schodulo)	(b) Description				
	_	Fees	u ai ine iop	or this schedule)	payroll processing f	ee			
	Political								
	X Non-Political			of Texas. Complete Schedule		ustin, TX, o	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Off	ceholder	r name O	ffice sought		Office held		
e	xpenditure to benefit C/OH		uere el	(h) Data of Charge	(a) Data (a) Gradit Care		Daid		
	PAYMENT	(a) Amount Cha	irgea	(b) Date of Charge	(c) Date(s) Credit Card	a issuer	Paid		
	corporate funds	\$37.35		12/20/2024					
	PAYEE	(a) Payee name	;		(b) Payee address;		City,	State,	Zip Code
		Texas Ethic	e Comr	nission	PO Box 12070				
			J COIII	11001011	Capitol Station				
					Austin, TX 78711				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top	of this schedule)	(b) Description late fee				
	_	Fees	P		ומוב ופפ				
	Political								
	X Non-Political			of Texas. Complete Schedule		ustin, TX, o	officeholder living expe	ense	
	Complete <u>ONLY</u> if direct	Candidate/Off	cenolder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD

				00		
	FXD					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve y - Gift/Award al Committee Legal Serv	ense L crage Expense P s/Memorials Expense P rices S	oan Repayment/Reimbursement Office Overhead/Rental Expense Yolling Expense Printing Expense Galaries/Wages/Contract Labor	Solicitation/Fundraising E Transportation Equipmer Travel in District Travel Out of District OTHER (enter a categor	t & Related E	
		ruction Guide explains ho	w to complete this form.			
1 Total pages Schedule F4:				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 2/4 Rpt: 8/11	Workers Defense A			00083026		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
Expenditure from corporate funds	\$69.29	12/24/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Intuit Quickbooks		2632 Marine Way			
			Mountainview, CA 9404	3		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Accounting/Banking	of this schedule)	bookkeeping subscriptio	n		
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
Expenditure from corporate funds	\$20.00	11/30/2024				
PAYEE	(a) Payee name University Federal (Credit Union	(b) Payee address; PO Box 9350 Austin, TX 78766	City,	State,	Zip Code
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	bank fee			
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
Expenditure from corporate funds	\$21.31	11/04/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	SurePayroll		2350 Ravine Way Suite100 Glenview, IL 60025		-	·
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description payroll processing fee			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ice sought	Office held		

EXPENDITURES MADE BY CREDIT CARD

	FXPI		IES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve y - Gift/Award	ense Irage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related E	
	The Inst	ruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	ion Filers)
Sch: 3/4 Rpt: 9/11	Workers Defense A	ction Fund PAC		00083026		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
Expenditure from corporate funds	\$1,500.00	12/20/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Texas Ethics Comn	niocion	PO Box 12070			
	Texas Ethics Contin	111551011	Capitol Station			
			Austin, TX 78711			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political	Fees		late fees			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp	oense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
Expenditure from corporate funds	\$107.45	12/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Google Suites		1600 Amphitheatre Park	way		
			Mountainview, CA 94043	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top email	of this schedule)	(b) Description email subscription			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. T.	X, officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
Expenditure from corporate funds	\$69.29	11/24/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Intuit Quickbooks		2632 Marine Way			
			Mountainview, CA 94043	3		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	accounting system			
Political	Accounting/Banking					
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living ex	oense	
Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES MADE BY CREDIT CARD

EXPENDITOR	ES MADE BY C	CREDIT CAR	D	S	CHEDUL	e F4
	EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Award I Committee Legal Serv	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	olicitation/Fundraisim ransportation Equipm ravel in District ravel Out of District DTHER (enter a categ	ent & Related I	
1 Total pages Schedule F4:	2 FILER NAME	•	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Etl	nics Commiss	ion Filers)
Sch: 4/4 Rpt: 10/11	Workers Defense A	ction Fund PAC		00083026		,
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	Name of fina		EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
Expenditure from corporate funds	\$20.00	10/31/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		- - - - - - - - - -	PO Box 9350			
	University Federal (Credit Union				
			Austin, TX 78766			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Bank Fee			
Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living e	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
Expenditure from corporate funds	\$69.29	10/31/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			2632 Marine Way			
	Intuit Quiakhaaka					
	Intuit Quickbooks					
	Intuit Quickbooks		Mountainview, CA 94043			
	(a) Category	of this schodulo)	Mountainview, CA 94043 (b) Description	1		
EXPENDITURE	-	of this schedule)	Mountainview, CA 94043			
	(a) Category	of this schedule)	Mountainview, CA 94043 (b) Description			
EXPENDITURE	(a) Category (See Categories listed at the top (C) Check if travel outside	of Texas. Complete Schedule	Mountainview, CA 94043 (b) Description Accounting system	, officeholder living e	xpense	
EXPENDITURE	(a) Category (See Categories listed at the top	of Texas. Complete Schedule	Mountainview, CA 94043 (b) Description Accounting system		xpense	
EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed at the top (C) Check if travel outside	of Texas. Complete Schedule	Mountainview, CA 94043 (b) Description Accounting system	, officeholder living e Office held	xpense	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule name O	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought	, officeholder living e Office held	xpense	
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged	of Texas. Complete Schedule name O (b) Date of Charge	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought	, officeholder living e Office held	xpense State,	Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44 (a) Payee name	of Texas. Complete Schedule name O (b) Date of Charge	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue	c, officeholder living e Office held er Paid City,		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44	of Texas. Complete Schedule name O (b) Date of Charge	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue (b) Payee address;	c, officeholder living e Office held er Paid City,		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44 (a) Payee name	of Texas. Complete Schedule name O (b) Date of Charge	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue (b) Payee address;	c, officeholder living e: Office held er Paid City, Nay		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	 (a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44 (a) Payee name Google Suites (a) Category 	of Texas. Complete Schedule name O (b) Date of Charge 11/01/2024	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue (b) Payee address; 1600 Amphitheatre Parky Mountainview, CA 94043 (b) Description	c, officeholder living e: Office held er Paid City, Nay		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44 (a) Payee name Google Suites	of Texas. Complete Schedule name O (b) Date of Charge 11/01/2024	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue (b) Payee address; 1600 Amphitheatre Parky Mountainview, CA 94043	c, officeholder living e: Office held er Paid City, Nay		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF	 (a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44 (a) Payee name Google Suites (a) Category 	of Texas. Complete Schedule name O (b) Date of Charge 11/01/2024	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue (b) Payee address; 1600 Amphitheatre Parky Mountainview, CA 94043 (b) Description	c, officeholder living e: Office held er Paid City, Nay		Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44 (a) Payee name Google Suites (a) Category (See Categories listed at the top	of Texas. Complete Schedule name O (b) Date of Charge 11/01/2024	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue (b) Payee address; 1600 Amphitheatre Parky Mountainview, CA 94043 (b) Description subscription for emails	c, officeholder living e: Office held er Paid City, Nay	State,	Zip Code
EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$108.44 (a) Payee name Google Suites (a) Category (See Categories listed at the top	of Texas. Complete Schedule name O (b) Date of Charge 11/01/2024 of this schedule)	Mountainview, CA 94043 (b) Description Accounting system T. Check if Austin, TX ffice sought (c) Date(s) Credit Card Issue (b) Payee address; 1600 Amphitheatre Parky Mountainview, CA 94043 (b) Description subscription for emails	c, officeholder living e Office held er Paid City, Way	State,	Zip Code

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	pages Schedule K: 1/1 Rpt: 11/11					
2	FILER NAME			3	Filer I	D (Ethics Commission File	ers)
	Workers Def	ens	se Action Fund PAC		0008	3026	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	11/21/2024		Amazon Prime			\$1	50.47
		6	Address of person from whom amount is received; City; State; Zip Code				
			Seattle, WA 98109				
		7	Purpose for which amount is received Check if g	oliti	cal con	tribution returned to filer	
			Reimbursement				
	Date		Name of person from whom amount is received			Amount (\$)	
	10/31/2024		UFCU				\$4.02
			Address of person from whom amount is received; City; State; Zip Code				
			Austin, TX 78766				
				oliti	cal con	tribution returned to filer	
			interest	Jointi			
	Date		Name of person from whom amount is received			Amount (\$)	
	11/30/2024		UFCU				\$1.46
			Address of person from whom amount is received; City; State; Zip Code				
			Austin, TX 78766				
			Purpose for which amount is received Check if p interest	ooliti	cal con	tribution returned to filer	
	Dete					Amount (ft)	
	Date 12/31/2024		Name of person from whom amount is received UFCU			Amount (\$)	\$1.48
	12/01/2024		Address of person from whom amount is received; City; State; Zip Code				φ <u>1</u> .40
			Austin, TX 78766				
				ooliti	cal con	tribution returned to filer	
⊢			interest				