

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00062126	<b>2</b> Total pages filed: 7
<b>3</b> COMMITTEE NAME North by Northwest Democrats		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/15/2025	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 29446  Austin, TX 78755		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		John M.	
		NICKNAME	LAST SUFFIX
			Sigman
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8109 Vailview Cove  Austin, TX 78750		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8109 Vailview Cove  Austin, TX 78750		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 796-7245	
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2024		12/31/2024
<b>11</b> ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	05/03/2025	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Other
			Primary

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> North by Northwest Democrats	<b>13 Filer ID</b> (Ethics Commission Filers) 00062126
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	315.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	1,048.46
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

John M. Sigman  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this 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 officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> North by Northwest Democrats		<b>18 Filer ID</b> (Ethics Commission Filers) 00062126
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 315.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 256.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
<b>2</b> FILER NAME North by Northwest Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00062126
<b>4</b> Date 08/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Garry (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78727	
<b>8</b> Principal occupation / Job title (See Instructions) unk		<b>9</b> Employer (See Instructions) unk
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamble, Maya (The Honorable)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78755	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Travis County
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kalthoff, Wendy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78752	
Principal occupation / Job title (See Instructions) unk		Employer (See Instructions) unk
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCormick, Donna	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78756	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortega, Frank	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78758	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
2 FILER NAME North by Northwest Democrats		3 Filer ID (Ethics Commission Filers) 00062126
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortega, Randy	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78758	
8 Principal occupation / Job title (See Instructions) Judge/Attorney		9 Employer (See Instructions) Travis County
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rush, Barbara (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78757	
Principal occupation / Job title (See Instructions) unk		Employer (See Instructions) unk
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shea, Brigid	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78757	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sigman, John (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78750	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Castagna and Scott
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sigman, Pam (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78750	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) University of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
<b>2</b> FILER NAME North by Northwest Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00062126
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wheeler, Dianne (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	
<b>8</b> Principal occupation / Job title (See Instructions) unk		<b>9</b> Employer (See Instructions) unk
<b>Date</b> 09/16/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Nancy (Mrs.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78759	
<b>Principal occupation / Job title (See Instructions)</b> unk		<b>Employer (See Instructions)</b> unk

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt: 7/7	<b>2</b> FILER NAME North by Northwest Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00062126
<b>4</b> Date 09/16/2024	<b>5</b> Payee name Sigman, John (Mr.)	
<b>6</b> Amount (\$) 256.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 8109 Vailview Cove Austin, TX 78750	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Reimburse - John M. Sigman for his payment to the US Post Office for the PO Box used by NxNW Dems