

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070239	2 Total pages filed: 12
3 COMMITTEE NAME Workers Defense in Action		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 140402 Austin, TX 78714	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Louis NICKNAME LAST SUFFIX Malfaro	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 140402 Austin, TX 78714	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 140402 Austin, TX 78714	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (469) 657-3924	
9 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	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Workers Defense in Action	13 Filer ID (Ethics Commission Filers) 00070239
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	66,219.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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.

Mr. Louis Malfaro

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

17 COMMITTEE NAME Workers Defense in Action		18 Filer ID (Ethics Commission Filers) 00070239
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,022.17
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 283.79

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/8 Rpt: 4/12	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4 CREDIT CARD ISSUER	Name of financial institution University Federal Credit Union	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.23	(b) Date of Charge 10/02/2024
7 PAYEE	(a) Payee name SurePayroll	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description payroll processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder name	Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.23	(b) Date of Charge 09/03/2024
PAYEE	(a) Payee name SurePayroll	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.23	(b) Date of Charge 11/04/2024
PAYEE	(a) Payee name SurePayroll	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 2/8 Rpt: 5/12	2	FILER NAME Workers Defense in Action	3	Filer ID (Ethics Commission Filers) 00070239
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$95.94	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description accounting system payment	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$105.53	(b) Date of Charge 10/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description accounting system payment	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$105.53	(b) Date of Charge 11/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description accounting system payment	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 3/8 Rpt: 6/12	2	FILER NAME Workers Defense in Action	3	Filer ID (Ethics Commission Filers) 00070239
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$500.00	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Texas Ethics Commission		(b) Payee address; City, State, Zip Code PO Box 12070, Capitol Station Austin, TX 78711-2070	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description fine for late report	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$108.00	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Aguayo, Fabiola		(b) Payee address; City, State, Zip Code 7700 North Capital of Texas Hwy Apt 123 Austin, TX 78731	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) reimbursement		(b) Description Reimbursement of payment for renewal of PO BOX	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Google Suite		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) gmail		(b) Description subscription payment for gmail	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/8 Rpt: 7/12	2 FILER NAME Workers Defense in Action		3 Filer ID (Ethics Commission Filers) 00070239
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$12.00	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name squarespace	(b) Payee address; City, State, Zip Code 8 Clarkson St New York, NY 10014	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description website domain renewal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.23	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SurePayroll	(b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description payroll processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.23	(b) Date of Charge 12/02/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SurePayroll	(b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description payroll processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 5/8 Rpt: 8/12	2	FILER NAME Workers Defense in Action	3	Filer ID (Ethics Commission Filers) 00070239
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$105.53	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description accounting system payment	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$105.53	(b) Date of Charge 09/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description accounting system payment	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$105.53	(b) Date of Charge 12/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Intuit Quickbooks		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description accounting system payment	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 6/8 Rpt: 9/12	2	FILER NAME Workers Defense in Action	3	Filer ID (Ethics Commission Filers) 00070239
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.23	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Google Suite		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) gmail		(b) Description subscription payment for gmail	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Google Suite		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) gmail		(b) Description subscription payment for gmail	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 09/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Google Suite		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) gmail		(b) Description subscription payment for gmail	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 7/8 Rpt: 10/12	2 FILER NAME Workers Defense in Action	3 Filer ID (Ethics Commission Filers) 00070239
4	CREDIT CARD ISSUER Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 11/01/2024
		(c) Date(s) Credit Card Issuer Paid	
7	PAYEE (a) Payee name Google Suite	(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) gmail	(b) Description subscription payment for gmail
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.45	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google Suite	(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) gmail	(b) Description subscription payment for gmail	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$61.23	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SurePayroll	(b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description payroll processing payment	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/8 Rpt: 11/12	2 FILER NAME Workers Defense in Action		3 Filer ID (Ethics Commission Filers) 00070239
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$227.27	(b) Date of Charge 07/30/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave. North Seattle, WA 98109-5210	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) office materials	(b) Description office materials	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$12.45	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texas Ethics Commission	(b) Payee address; City, State, Zip Code PO Box 12070, Capitol Station Austin, TX 78711-2070	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description fine for late report	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$573.00	(b) Date of Charge 08/28/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texas Mutual Insurance	(b) Payee address; City, State, Zip Code PO Box 12058 Austin, TX 78711	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) insurance payment	(b) Description workers comp insurance payment	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 12/12
2 FILER NAME Workers Defense in Action		3 Filer ID (Ethics Commission Filers) 00070239
4 Date 07/31/2024	5 Name of person from whom amount is received Texas Mutual Insurance	8 Amount (\$) \$283.79
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711	
	7 Purpose for which amount is received dividen on policy	<input type="checkbox"/> Check if political contribution returned to filer