#### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	The GPAC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00070239					
3	COMMITTEE NAME		•			OFFICE USE ONLY		
	Workers Defense i	n Action						
					- 1	Date Received ELECTRONICALLY FILED 01/15/2025		
Ļ	001007755				_	01/15/2025		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y;	STATE; ZIP CODE				
	/ 201200	P.O. Box 140402				Date Hand-delivered or Date Postmarked		
	Change of Address							
		Austin, TX 78714				Receipt # Amount		
						Date Processed		
						Date Imaged		
5	CAMPAIGN	MS/MRS/MR FIRST				MI		
	TREASURER	Mr. Louis						
	NAME							
		NICKNAME LAST				SUFFIX		
		Malfaro						
		interior of the second s						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CIT	٧·	STATE; ZIP CODE		
ľ	TREASURER	P.O. Box 140402			•,			
	STREET ADDRESS							
	(Residence or Business)	Austin TV 70714						
Ŀ		Austin, TX 78714						
ľ	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #; CI	TY;	STATE; ZIP CODE		
	MAILING	P.O. Box 140402						
	ADDRESS							
	Change of Address	Austin, TX 78714						
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	ENSION				
	TREASURER PHONE	(469) 657-3924						
	FHONE							
9	REPORT	X January 15 30	)th c	ay before election		Dissolution (Attach PAC-DR)		
	TYPE		h da	y before election		10th day after campaign treasurer		
		July 15		-		termination		
			unot	f				
10	PERIOD	Month Day Year		Month Day	y	Year		
	COVERED	07/01/2024 TI	HRO	DUGH 12/31/2	024	Ļ		
11	ELECTION	ELECTION DATE		ELECTION TYPE				
		Month Day Year	Prim	ary Runoff		Other		
			Sene	eral Special				
⊢		I I						
		GO <sup>-</sup>	го	PAGE 2				
L Foi	rms provided by Te	xas Ethics Commission www.et	thic	s.state.tx.us		Version V4.1.0.5dd2ace2		

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	2 COMMITTEE NAME 13 File			(Ethics Commission Filers)		
Workers Defense in Action 00070			00070239			
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. 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) gualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA	· · · · · ·	\$	0.00		
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	l <sup>¢</sup>	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	66,219.64		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00		
16 AFFIDAVIT			I			
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.				
		Mr. Loui	s Malfaro			
		Signature of Car		Irer		
			,			
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	Sworn to and subscribed before me, by the said day					
		which, witness my hand and seal of office.		uuj		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	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 3 of 12
17 COMMITTEE NAME Workers Defense in Action	18 Filer ID 00070239	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	l	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	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
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. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3,022.17
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 283.79

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense	Event Ex Fees	pense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		licitation/Fundrais		Evnonco	
	Accounting/Banking Consulting Expense	Food/Bev	erage Expense	Polling Expense	Tra	avel in District	oment & Related I	Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		ds/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor		avel Out of Distric HER (enter a cat	t egory not listed al	oove)	
		The Ins	truction Guide explains	how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	sion Filers)	
	Sch: 1/8 Rpt: 4/12	Workers Defense	in Action			00070239			
4	CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITE	MIZED				
	ISSUER	University Fed	leral Credit Union	EXPENDITURES CHARGED TO A (		\$			
		,		CARD	REDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid			
	Expenditure from	\$61.23	10/02/2024						
	corporate funds	<b>\$</b> 01.20	10/02/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				2350 Ravine Way				·	
		SurePayroll		Suite100					
				Glenview, IL 60025	5				
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the to	p of this schedule)	payroll processing	fee				
	Political	Accounting/Banking							
	X Non-Political	(C) Check if travel outside	e of Texas. Complete Schedul	e T. Check if A	Austin, TX,	officeholder living	expense		
9	Complete ONLY if direct	Candidate/Officeholde	•	Dffice sought		Office held	•		
	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid			
	Expenditure from	\$61.23	09/03/2024						
	corporate funds	<b>\$01.20</b>	00,00,2021						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				2350 Ravine Way					
		SurePayroll		Suite100					
				Glenview, IL 60025	5				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the to Accounting/Banking	payroll processing fee						
	Political	/ looounung/Dunking							
	X Non-Political	(C) Check if travel outside	e of Texas. Complete Schedul	e T. Check if A	Austin, TX,	officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholde	er name 🛛 🔾	Office sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid			
	Expenditure from corporate funds	\$61.23	11/04/2024						
	corporate fundo								
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		CurreDeurrell		2350 Ravine Way					
		SurePayroll		Suite100					
				Glenview, IL 60025	5				
	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the to Accounting/Banking	p of this schedule)	payroll processing	fee				
	Political								
	X Non-Political	(C) Check if travel outside	e of Texas. Complete Schedul	e T. Check if A	Austin, TX,	officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholde	er name C	Office sought		Office held			
e	xpenditure to benefit C/OH								
_									

Forms provided by Texas Ethics Commission

	SCHEDULE F4			
	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	rage Expense s/Memorials Expense ices	Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F4:		•	-	3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 5/12	Workers Defense ir	Action		00070239
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE	
ISSUER		revious	EXPENDITURES CHARGED TO A CRED CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid
Expenditure from corporate funds	\$95.94	07/07/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			2632 Marine Way	
	Intuit Quickbooks			
			Mountainview, CA 9404	3
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Accounting/Banking	of this schedule)	accounting system payn	nent
Political	/ locounting/ Damking			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense
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 Issu	ier Paid
Expenditure from corporate funds	\$105.53	10/07/2024		
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code
	Intuit Quiakhaaka		2632 Marine Way	
	Intuit Quickbooks			
			Mountainview, CA 9404	3
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
	Accounting/Banking		accounting system payn	nent
Political				
X Non-Political		of Texas. Complete Schedule		X, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a) Credit Card lass	on Daid
Expenditure from		, S	(c) Date(s) Credit Card Issu	
corporate funds	\$105.53	11/07/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Intuit Quickbooks		2632 Marine Way	
				-
			Mountainview, CA 9404	3
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	aent
	Accounting/Banking	·	accounting system payn	
Political	<u> </u>			
X Non-Political		of Texas. Complete Schedule		X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held

		ENDITURE CATEGOR				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising E Transportation Equipmer Travel in District Travel Out of District OTHER (enter a categor	t & Related E	
	The Inst	ruction Guide explains h	ow to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 3/8 Rpt: 6/12	Workers Defense i	n Action		00070239		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
Expenditure from corporate funds	\$500.00	09/27/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Texas Ethics Comr	nission	PO Box 12070, Capito	ol Station		
			Austin, TX 78711-207	0		
8 PURPOSE OF	(a) Category	of this school (10)	(b) Description			
EXPENDITURE	(See Categories listed at the top Fees		fine for late report			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	r name O	ffice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
Expenditure from corporate funds	\$108.00	07/01/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
	Aguava Fabiala		7700 North Capital of	Texas Hwy		
	Aguayo, Fabiola		Apt 123			
			Austin, TX 78731			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Reimbursement of pa	vmont for ronowal		V
Political	reimbursement		Reinbursement of pa	sinent for reneward		
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	r name O	ffice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
Expenditure from corporate funds	\$107.45	10/01/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
	Coordo Cuito		1600 Amphitheatre Pa	arkway		
	Google Suite					
			Mountainview, CA 94	043		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	for amail		
	gmail	/	subscription payment	ior gmail		
Political						
X Non-Political		of Texas. Complete Schedule		n, TX, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	name O	ffice sought	Office held		

Forms provided by Texas Ethics Commission

Advertising Expanse					ligitation/Eundraiging (	Evnonco	
Advertising Expense Accounting/Banking	Event Expe Fees	C	oan Repayment/Re Office Overhead/Ren	ntal Expense Tra	blicitation/Fundraising E ansportation Equipmer		Expense
Consulting Expense Contributions/ Donations Made By	/ - Gift/Award	s/Memorials Expense F	Polling Expense Printing Expense	Tra	avel in District avel Out of District		
Candidate/Officeholder/Politica	5	ruction Guide explains ho	Salaries/Wages/Con		THER (enter a categor	y not listed at	oove)
<b>1</b> Total pages Schedule F4:					3 Filer ID (Ethic	ce Commiss	tion Eilers)
Sch: 4/8 Rpt: 7/12	Workers Defense ir	Action			00070239	.5 001111133	John Hiersy
4 CREDIT CARD		ncial institution	5 TOTAL	OF UNITEMIZED	00070200		
ISSUER				DITURES	\$		
	see pi	revious	CHARGI CARD	ED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$12.00	08/15/2024					
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
			8 Clarkson	n St			
	squarespace						
				, NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	Advertising Expense		website de	omain renewal			
Political							
X Non-Political		of Texas. Complete Schedule T	L	Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH							
	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$61.23	08/02/2024					
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	Suro Dov <i>i</i> roll		2350 Rav	ine Way			
	SurePayroll		Suite100				
			Glenview,	IL 60025			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	Accounting/Banking		payroll pro	ocessing fee			
Political							
X Non-Political		of Texas. Complete Schedule T.	L	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH					<u> </u>		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Pald		
corporate funds	\$61.23	12/02/2024					
PAYEE	(a) Payee name	-	(b) Payee a	address;	City,	State,	Zip Code
	SuroDovroll		2350 Rav	ine Way			
	SurePayroll		Suite100				
			Glenview,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	Accounting/Banking		payroll pro	ocessing fee			
Political							
X Non-Political		of Texas. Complete Schedule T.	L	Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH							

	SCHEDULE F4			
	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	rage Expense s/Memorials Expense ices	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)
<b>1</b> Total pages Schedule F4:		-		3 Filer ID (Ethics Commission Filers)
Sch: 5/8 Rpt: 8/12	Workers Defense ir	Action		00070239
		ncial institution	5 TOTAL OF UNITEMIZE	
4 CREDIT CARD ISSUER		revious	EXPENDITURES CHARGED TO A CREE CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
Expenditure from corporate funds	\$105.53	08/07/2024		
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
			2632 Marine Way	
	Intuit Quickbooks			
			Mountainview, CA 9404	43
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Accounting/Banking	of this schedule)	accounting system pay	ment
Political	Accounting/Banking			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	Office sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
Expenditure from corporate funds	\$105.53	09/07/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Intuit Quiakhaaka		2632 Marine Way	
	Intuit Quickbooks			
			Mountainview, CA 9404	43
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description	
	Accounting/Banking		accounting system pay	ment
Political	5 5			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held
expenditure to benefit C/OH		1		
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
Expenditure from corporate funds	\$105.53	12/07/2024		
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
			2632 Marine Way	
	Intuit Quickbooks			
			Mountainview, CA 9404	43
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
	Accounting/Banking		accounting system pay	ment
Political				
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held
expenditure to benefit C/OH				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve y - Gift/Award	erage Expense P s/Memorials Expense P	S FOR BOX Dan Repayment/Re ffice Overhead/Re olling Expense rinting Expense alaries/Wages/Cor	eimbursement Si ntal Expense Ti Ti Ti	olicitation/Fundraising E ransportation Equipment ravel in District ravel Out of District THER (enter a category	& Related E	
	The Inst	ruction Guide explains how	w to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 6/8 Rpt: 9/12	Workers Defense ir	n Action			00070239		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
Expenditure from corporate funds	\$61.23	07/01/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Google Suite		1600 Am	phitheatre Parkv	vay		
			Mountain	view, CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top gmail	of this schedule)	(b) Descrip subscript	ntion ion payment for	gmail		
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	-	Check if Austin, TX,	, officeholder living expe	nse	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Offi	ce 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	\$107.45	08/01/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Casala Cuita		1600 Am	phitheatre Parkv	vay		
	Google Suite						
				view, CA 94043			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	gmail		subscript	ion payment for	gmaii		
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce 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	\$107.45	09/01/2024					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Coogle Suite		1600 Am	phitheatre Parkv	vay		
	Google Suite						
				view, CA 94043			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	gmail	,	subscript	ion payment for	yman		
Political							
X Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought		Office held		
expenditure to benefit C/OH							

Advertising Expense Accounting/Banking Consulting Expense	Event Expo Fees Food/Beve	erage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District		Expense
Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Serv		Printing Expense Salaries/Wages/Contract Labor now to complete this form.	OTHER (enter a catego	ory not listed at	oove)
1 Tatal names Cabadula E4:	i				iao Commico	ion Filoro)
1 Total pages Schedule F4: Sch: 7/8 Rpt: 10/12	Workers Defense ir	n Action		3 Filer ID (Eth 00070239		ion Fileis)
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
Expenditure from corporate funds	\$107.45	11/01/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Google Suite		1600 Amphitheatre Pa	arkway		
			Mountainview, CA 94	043		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	subscription payment	for gmail		
Political	gmail					
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> 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 Is	ssuer Paid		
Expenditure from corporate funds	\$107.45	12/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1600 Amphitheatre Pa	arkway		
	Google Suite					
			Mountainview, CA 94	043		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top gmail	of this schedule)	subscription payment	for gmail		
Political	ginai					
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living ex	pense	
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 Is	ssuer Paid		
Expenditure from corporate funds	\$61.23	07/02/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
			2350 Ravine Way			
	SurePayroll		Suite100			
			Glenview, IL 60025			
PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Accounting/Banking	of this schedule)	payroll processing pa	yment		
Political						
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

				SCHEDULE F4
	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards al Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now 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)
<b>1</b> Total pages Schedule F4:	·	•	•	<b>3</b> Filer ID (Ethics Commission Filers)
, s		Action		
Sch: 8/8 Rpt: 11/12	Workers Defense ir			00070239
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid
Expenditure from corporate funds	\$227.27	07/30/2024		
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
			410 Terry Ave. North	
	Amazon			
			Seattle, WA 98109-52	10
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)	office materials	
Political	office materials			
X Non-Political	(C) Check if travel outside	of Texas, Complete Schedule	T Check if Austin	, TX, officeholder living expense
				Office held
expenditure to benefit C/OH				
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid
Expenditure from corporate funds	\$12.45	09/27/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Texas Ethics Comn	ningion	PO Box 12070, Capito	I Station
	Texas Etnics Comin	nission		
			Austin, TX 78711-2070	0
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	fine for late report	
Political				
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense
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 Is	suer Paid
Expenditure from corporate funds	\$573.00	08/28/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			PO Box 12058	
	Texas Mutual Insur	ance		
			Austin, TX 78711	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)	workers comp insuran	ce payment
Political	insurance payment			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held
expenditure to benefit C/OH			-	

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/1 Rpt: 12/12
2	FILER NAME				D (Ethics Commission Filers)
	Workers Def	ense in Action		00070	0239
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	07/31/2024	Texas Mutual Insurance			\$283.79
		6 Address of person from whom amount is received; City; State; Zip Code			
		Austin, TX 78711			
			a 1:4:		uileution votuvood to filov
		dividen on policy	onu	cai con	tribution returned to filer
_					