#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00018755 3 COMMITTEE NAME **OFFICE USE ONLY** Central Austin Democrats Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6112 Highlandale Drive Date Hand-delivered or Date Postmarked Change of Address AUSTIN, TX 78731 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Ann M. NAME NICKNAME LAST **SUFFIX** Denkler STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6112 Highlandale Dr. STREET **ADDRESS** (Residence or Business) Austin, TX 78731 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6112 Highlandale Dr. MAILING **ADDRESS** Austin, TX 78731 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 905-2992 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Central Austin Democra	ats		00018755	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported Gary Bledsoe Austin City Cou	ıncil - District 7	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	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)	\$	1,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,436.18
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pertrue and correct and includes all infor under Title 15, Election Code.		
		Ms. Ann	M. Denkler	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 3 of 18

						1 ago o o: 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Central Austin Democra	ts			00018755	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Marc Duchen Austin City Counc	L :il - D7	
	(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.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates		Kathie Tovo Mayor of Austin		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Natific 1000 Mayor of Additi		
	(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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Julie Ann Nitsch Austin Commu	nity College	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		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.)				
		[ ,, 5, party.)	<u> </u>			

### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PORPOSE				Page 4 of 18
COMMITTEE NAME	<del></del>		13 Filer ID	(Ethics Commission Filers)
Central Austin Democ	rats		00018755	
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Cole Wilson Austin Community	y College	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

				OVER OTTEET	5 of 18
17 COMN			<b>18</b> Filer ID	(Ethics Commission I	Filers)
		Istin Democrats	00018755	T	
19 SCHE NAME		SUBTOTAL AM	OUNT		
1. [	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,300.00
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 CONTRIBUTIONS	S	\$	1,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	442.20
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 6/18	
2	FILER NAME Central Austin Democrats		3	Filer ID (Ethics Commission 00018755	Filers)		
4	Date 11/30/2024	<ul><li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
_	District	Austin, TX 78756	- Ia	Faralassa (Cara la describación			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Not applicable	)		
	Date 11/30/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pation / 305 title (See instructions)		Not applicable	,		
	Date 08/04/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$10.00
		austin, TX 78751					
	Principal occu policy aide	pation / Job title (See Instructions)		Employer (See Instructions city of austin	)		
	Date 09/07/2024	Brinsmade, Louisa  Contributor address; City; State; 2	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu policy adviso	Austin, TX 78701 pation / Job title (See Instructions) or		Employer (See Instructions city of austin	)		
	Date 09/02/2024	Full name of contributor Grant	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Campaign C	pation / Job title (See Instructions) onsultant		Employer (See Instructions Self	)		
			·				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 7/18	
2	FILER NAME Central Austin Democrats		3	Filer ID (Ethics Commission 00018755	ı Filers)	
4	Date 08/19/2024	5 Full name of contributor out-of-state PAC (ID#:_ Campbell, Sarah (Ms.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78705				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired	)		
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_ Counts, Diane Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Currens, Leslie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Deinsinal	Austin, TX 78731	England (Carlotteria)			
	Software De	pation / Job title (See Instructions) veloper	Employer (See Instructions) Self	)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID#:_ Frensley, Nathalie Contributor address; City; State; Zip Code  Austin, TX 78756	)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Not applicable	)		
	Date 11/30/2024	Full name of contributor out-of-state PAC (ID#:_ Guerrero, Linda Contributor address; City; State; Zip Code Austin, TX 78705			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Not applicable	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 8/18	
2	FILER NAME Central Austin Democrats		3	Filer ID (Ethics Commission 00018755	n Filers)	
4	Date 08/26/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hanna, Jett</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal	Austin, TX 78731-4006				
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions     None	)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Helton , Becky Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Reader Con	sultant	State Library			
	Date 08/19/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
		AUSTIN, TX 78751				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Not applicable	)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Kirfman, jack Contributor address; City; State; Zip Code  Austin, TX 78717	)		Amount of Contribution (\$)	\$10.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions unemployed	)		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Jennifer  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$10.00
	Principal occu Nurse Practi	pation / Job title (See Instructions) tioner	Employer (See Instructions Zamora	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 9/18	
2	FILER NAME Central Austin Democrats		3	Filer ID (Ethics Commission 00018755	Filers)			
4	Date 07/11/2024	<ul><li>5 Full name of contributor Mahoney, Tim</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78767		_		_		
8	Attorney	pation / Job title (See Instructions	5)	9	Employer (See Instructions Self	5)		
	Date 11/29/2024	Full name of contributor  Mauzy , Catherine  Contributor address; City; S			)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	District Judg	е			Travis County			
	Date 11/21/2024	Full name of contributor McCulloch, Mark (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78722						
	Principal occu Graphic Des	pation / Job title (See Instructions igner	5)		Employer (See Instructions Check Mark Typesetting	•		
	Date 11/30/2024	Full name of contributor Morrison, Susan Contributor address; City; S Austin, TX 78756			)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions No applicable	5)		
	Date 09/07/2024	Full name of contributor Pena, Brian Contributor address; City; S Austin, TX 78705	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Intern	pation / Job title (See Instructions	5)		Employer (See Instructions House of Representavie		Lloyd Doaaett	
				<u> </u>	, 111 11 11 11 11 11 11 11 11 11 11 11 1		-,	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 10/18	
2	FILER NAME	in Democrats			3	Filer ID (Ethics Commission 00018755	r Filers)
_					┼		
4	Date 07/17/2024			'	Amount of Contribution (\$)	\$10.00	
		Austin, TX 78751					
8	Principal occu Teacher	pation / Job title (See Instructions	(3)	9 Employer (See Instructions Unemployed	s)		
	Date 08/23/2024	Full name of contributor Raab, ted  Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		austin, TX 78758					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruction	s)		
	policy aide			TX house of representa	ative	es	
	Date 08/19/2024	Full name of contributor Rivas, Steven Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78704					
	Principal occu Consultant	pation / Job title (See Instructions	5)	Employer (See Instructions Self	s)		
	Date 07/31/2024	Full name of contributor Rush, Barbara Contributor address; City; S Austin, TX 78753	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Policy Aide	pation / Job title (See Instructions	s)	Employer (See Instruction: Travis County	s)		
	Date 07/31/2024	Full name of contributor Shea, brigid Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu County Com	pation / Job title (See Instructions missioner	s)	Employer (See Instruction: Travis County	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	SCHEDULE A1	
	The Instruc	ction Guide explains how t	to complete this form	m.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 11/18		
2	FILER NAME Central Austin Democrats		3	Filer ID (Ethics Commission 00018755	on Filers)			
4	Date 11/30/2024	<ul><li>5 Full name of contributor Spears, Gary Stephen</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:te; Zip Code	)	7	Amount of Contribution (\$)	\$10.00	
_	Deignigal	Austin, TX 78723	- lo	Franklavar (Caa kastrustiara				
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)			
	Date 09/06/2024	Full name of contributor  Spears, Gary Stephen  Contributor address; City; Stat				Amount of Contribution (\$)	\$10.00	
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)		Employer (See Instructions				
	Retired	pation / 300 title (See instructions)		Retired	')			
	Date 07/11/2024	Full name of contributor  Swallow, Sarah  Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$10.00	
		Austin, TX 78756						
	Principal occu Campaign M	pation / Job title (See Instructions) anager		Employer (See Instructions Kathie Tovo Campaign	)			
	Date 11/12/2024	Full name of contributor Taylor, Holly Contributor address; City; Stat		)		Amount of Contribution (\$)	\$10.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Travis County	()			
	Date 11/24/2024	Full name of contributor  Watson, Kirk (Mr.)  Contributor address; City; Stat  Austin, TX 78768	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Mayor	pation / Job title (See Instructions)		Employer (See Instructions City of Austin	)			
			•					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/2 Rpt: 12/18	Central Austin Democrats 00018755
•	Central Austin Democrats
4 Date	5 Payee name
11/06/2024	Bledsoe, Gary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	4303 Cumbia
Expenditure from	Austin, TX 78727
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	2 Silvaron
O Compulate ONLY if divert	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/06/2024	Duchen, Marc
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	4417 Spicewood Springs Rd
	Apt 227
Expenditure from	
corporate funds	Austin, TX 78759
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
0 1: 0 1 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to seriem ere.	
Date	Payee name
11/06/2024	Nitsch, Julie Ann
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	5603 Berry Hll Dr
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	Augtin TV 7074E
corporate funds	Austin, TX 78745
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Dollation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER	Successful (enter a category not listed above)
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer II	D (Ethics Commission Filers)
Sch: 2/2 Rpt: 13/18	Central Austin Democrats 0001	8755
4 Date	5 Payee name	
11/06/2024	Tovo, Kathie	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$300.00	809 W 32nd	
Expenditure from corporate funds	Austin, TX 78705	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeho	
	Contribution for Mayor	ial Candidate
Complete ONLY if direct expenditure to benefit C/O		ffice held
Date	Payee name	
11/06/2024	Wilson, Cole	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00		
φοσο.σσ	402 Hallindon Di	
Expenditure from corporate funds	Austin, TX 78752	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	·
LXI ENDITORE	Candidate/Officeholder/Political Committee	der living expense
	Contribution	
Complete ONLY if direct		ffice held
expenditure to benefit C/O	JH	

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/5 Rpt:	Central Austin Democrats	00018755		
4 Date	5 Payee name			
07/11/2024	Act Blue			
6 Amount (\$)	7 Payee Address; City; State; Zip			
0.80	366 Summer St			
Expenditure from corporate funds	Somerville, MA 02144			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Fees	Collection Fee		
Date	Payee name			
07/12/2024	Act Blue			
Amount (\$)	Payee Address; City; State; Zip			
0.40	366 Summer St			
Expenditure from				
corporate funds	Somerville, MA 02144	Γ.,		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)		
EXPENDITURE	rees	Collection Fee		
Date	Payee name			
07/16/2024	Act Blue			
Amount (\$)	Payee Address; City; State; Zip			
0.40	366 Summer St			
Expenditure from	Companillo MA 02444			
corporate funds	Somerville, MA 02144	(Continue of the continue of t		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)  Collection Fee		
EXPENDITURE	1 000	Concentrate		
Date	Payee name			
07/17/2024	Act Blue			
Amount (\$)	Payee Address; City; State; Zip			
0.40	366 Summer St			
Expenditure from				
corporate funds	Somerville, MA 02144			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	·		
EXPENDITURE	rees	Collection Fee		
	ı			

The Instruction Guide explains how to complete this form.				
Total pages Schedule I:     Sch: 2/5 Rpt:	2 FILER NAME Central Austin Democrats 3 Filer ID (Ethics Commission Filers) 00018755			
4 Date 07/18/2024	5 Payee name Act Blue			
6 Amount (\$)  0.40  Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer St  Somerville, MA 02144			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required.) collection fee			
Date 07/24/2024	Payee name Act Blue			
Amount (\$)  400.00  Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St Somerville, MA 02144			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) Collection Fee			
Date 07/29/2024	Payee name Act Blue			
Amount (\$)  1.20  Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St  Somerville, MA 02144			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) Collection Fee			
Date 07/30/2024	Payee name Act Blue			
Amount (\$)  2.40  Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St Somerville, MA 02144			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) Collection Fee			

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 3/5 Rpt:	Central Austin Democrats	00018755		
4 Date	5 Payee name			
07/31/2024	Act Blue			
6 Amount (\$)	7 Payee Address; City; State; Zip			
0.80	366 Summer St			
Expenditure from corporate funds	Somerville, MA 02144			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Fees	Collection Fee		
5.				
Date	Payee name			
08/04/2024	Act Blue			
Amount (\$)	Payee Address; City; State; Zip			
1.00	366 Summer St			
Expenditure from	Somerville, MA 02144			
corporate funds		(Continue to the continue to t		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)  Collection Fee		
EXPENDITURE	1 003	Collection Fee		
Date	Payee name			
08/19/2024	Act Blue			
Amount (\$)	Payee Address; City; State; Zip			
1.40	366 Summer St			
Expenditure from				
corporate funds	Somerville, MA 02144			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	·		
EXPENDITURE	Fees	Collection Fee		
Date	Payee name			
08/21/2024	Act Blue			
Amount (\$)	Payee Address; City; State; Zip			
	366 Summer St			
0.80	ood cummer of			
Expenditure from corporate funds	Somerville, MA 02144			
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	l ·		
OF EXPENDITURE	Fees	Collection Fee		

#### SCHEDULE |

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt:	Central Austin Democrats	00018755
4 Date	5 Payee name	
08/23/2024	Act Blue	
6 Amount (\$)	7 Payee Address; City; State; Zip	
0.40	366 Summer St	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Collection Fee
Date	Payee name	
08/26/2024	Act Blue	
Amount (\$)	Payee Address; City; State; Zip	
0.40	366 Summer St	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Collection Fees
5 /		
Date	Payee name	
09/02/2024	Act Blue	
Amount (\$)	Payee Address; City; State; Zip	
0.40	366 Summer St	
Expenditure from	Compreille MA 02144	
corporate funds	Somerville, MA 02144	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)  Collection Fees
EXPENDITURE	rees	Collection Fees
Date	Payee name	
09/06/2024	Act Blue	
Amount (\$)	Payee Address; City; State; Zip	
` '	366 Summer St	
0.80	300 Summer St	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Fees	Collection Fee
EXPENDITURE		

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 5/5 Rpt:	Central Austin Democrats	00018755			
4 Date	5 Payee name	·			
09/07/2024	Act Blue				
6 Amount (\$)	7 Payee Address; City; State; Zip				
0.40	366 Summer St				
Expenditure from	Somonyillo MA 02144				
corporate funds	Somerville, MA 02144	(See instructions regarding type of information required)			
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(See instructions regarding type of information required.)  Collection Fee			
EXPENDITURE		Concountrec			
Date	Payee name				
09/09/2024	Act Blue				
Amount (\$)	Payee Address; City; State; Zip				
0.40	366 Summer St				
Expenditure from					
corporate funds	Somerville, MA 02144				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)			
EXPENDITURE	rees	Collection Fee			
Date	Payee name				
11/21/2024	Act Blue				
Amount (\$)	Payee Address; City; State; Zip				
0.40	366 Summer St				
Expenditure from	Company illo NAA 004 44				
corporate funds	Somerville, MA 02144				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(See instructions regarding type of information required.)  Collection Fees			
EXPENDITURE	1 555	Concentition			
Date	Payee name				
10/10/2024	Denkler, Ann				
Amount (\$)	Payee Address; City; State; Zip				
29.00	6112 Highlandale Drive				
Expenditure from					
corporate funds	Austin, TX 78731-4006				
PURPOSE OF		(See instructions regarding type of information required.)			
EXPENDITURE	Loan Repayment/Reimbursement	Reimbursement for sending an electronic ballot			
	1				