GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00080175		2 Total pages filed: 11
3	COMMITTEE NAME			00000110		
ľ	Metrocrest Democ					OFFICE USE ONLY
						Date Received ELECTRONICALLY FILED 01/15/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE; ZIP CODI		
	ADDRESS	P.O. Box 476				Date Hand-delivered or Date Postmarked
	Change of Address					
		Coppell, TX 75019				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Mr. Steven A.				
	NAME					
		NICKNAME LAST				SUFFIX
		Zatyko				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CI	ΓY;	STATE; ZIP CODE
	TREASURER STREET	970 Laguna Dr.				
	ADDRESS					
	(Residence or Business)	Coppell, TX 75019				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; C	ITY;	STATE; ZIP CODE
	TREASURER MAILING	970 Laguna Dr.				
	ADDRESS					
	Change of Address	Coppell, TX 75019				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION		
	TREASURER PHONE	(214) 755-8056				
	THONE					
9	REPORT TYPE	X January 15	0th d	day before election		Dissolution (Attach PAC-DR)
			th da	ay before election		10th day after campaign treasurer
		July 15	uno	ff		termination
			uno	11		
10	PERIOD COVERED	Month Day Year		Month Da		Year
	COVERED	10/27/2024 Т	HR	DUGH 12/31/2	2024	L
11	ELECTION	ELECTION DATE		ELECTION TYPE		
			Prim		-	X Other
		01/15/2025	Gen	eral Special		
			Jen			Semi Annual GPAC Report
⊢		1				
		GO	то	PAGE 2		
Foi	rms provided by Te	xas Ethics Commission www.e	thic	s.state.tx.us		Version V4.1.0.5dd2ace2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

			12 Eilor ID	(Ethics Commission Filers)
12 COMMITTEE NAME			13 Filer ID	· · · · · · · · · · · · · · · · · · ·
Metrocrest Democrats	I		00080175	
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain				
paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	640.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	Ť	640.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA		\$	
			Þ	0.00
		CONTRIBUTIONS MAINTAINED AS OF THE LAST		
BALANCE	OF THE REPORTING		\$	2,333.70
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pen true and correct and includes all inform under Title 15, Election Code.		
		Mr. Stever	n A. Zatyko	
		Signature of Car	-	ırer
		G 1 1 1		
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	ns the	day
01	_, 20, to certify v	which, witness my hand and seal of office.		
			TH. (17	
Signature of officer ad	ministering oath	Printed name of officer administering oath	l itle of offi	cer administering oath
Cormo provided by T	thios Commission	www.othios.ototo.to.us		Varaian V/4.4.0.5-1-10
Forms provided by Texas E	unics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - GPAC	СС	FORM GPAC
	Filer ID 00080175	3 of 11 (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 640.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION	N OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZ	ZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 355.72
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	URNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/11 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Metrocrest Democrats 00080175 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/16/2024 Bagley, James \$30.00 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/16/2024 \$30.00 Currier, Barbara Contributor address; City; State; Zip Code Farmers branch, TX 75244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/17/2024 Ehrlich, Kurt \$30.00 Contributor address; City; State; Zip Code Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Employer (See Instructions) UT Southwestern Medical Center engineer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/16/2024 \$30.00 Elizondo, Ed Contributor address; City; State; Zip Code Flower Mound, TX 75028 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Supplied Not Supplied Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/16/2024 \$60.00 Gatz, Derek Contributor address; City; State; Zip Code Carrollton, TX 75006 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Customer Experience Analyst GM** Financial

MONETARY POLITICAL CONTRIBUTIONS **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 5/11 2 FILER NAME **3** Filer ID (Ethics Commission Filers) Metrocrest Democrats 00080175 4 Date **5** Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 12/20/2024 Heller, Paul 6 Contributor address; City; State; Zip Code

		Farmers Branch, TX 75244				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Retired			Retired		
	Date 11/11/2024	Full name of contributor out-of-state Lacki, David Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$)	\$30.00
		Flower Mound, TX 75028				
	Principal occu Not Supplied	pation / Job title (See Instructions)		Employer (See Instructions) Not Supplied		
	Date		e PAC (ID#:)	Amount of Contribution (\$)	
	12/18/2024	McDowell, Janet				\$30.00
		Contributor address; City; State; Zip Code				
		Carrollton, TX 75007				
	Principal occu retired CPA	pation / Job title (See Instructions)		Employer (See Instructions) Retired		
	Date	Full name of contributor 🗌 out-of-state	e PAC (ID#:)	Amount of Contribution (\$)	
	12/16/2024	Munoz, Patricia				\$30.00
		Contributor address; City; State; Zip Code				
		Flower Mound, TX 75028				
	Principal occu Not Listed	pation / Job title (See Instructions)		Employer (See Instructions) Not Listed		
	Date	Full name of contributor 🔲 out-of-state	e PAC (ID#:)	Amount of Contribution (\$)	
	11/11/2024	Olivo, Andy				\$100.00
		Contributor address; City; State; Zip Code				
		Carrollton, TX 75006				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney			Olivo Law		

SCHEDULE A1

\$30.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/11
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Metrocrest D	Democrats		00080175
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	12/16/2024	Ramirez, Lety		\$30.00
	l	6 Contributor address; City; State; Zip Code		1
	I			
	l			
		Flower Mound, TX 75028		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)
	Not Supplied	1	Not Supplied	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/11/2024	Robinson, Kimmy		\$60.00
	I	Contributor address; City; State; Zip Code		1
	I			
	I			
		Farmers Branch, TX 75234	I	
		pation / Job title (See Instructions)	Employer (See Instructions	
	Paralegal		Wilson Elser Moskowitz	Edelman & Dicker LLP
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/16/2024	Schanot, John		\$30.00
	I	Contributor address; City; State; Zip Code]
	I			
	I	Francis Dropph TV 75224 4050		
	Drivelasou	Farmers Branch, TX 75234-4958		<u> </u>
	Principal occu Not Supplied	ipation / Job title (See Instructions)	Employer (See Instructions Not Supplied	3)
				1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/20/2024	Smith, Richard		\$60.00
	I	Contributor address; City; State; Zip Code		
	I			
	I	McAllen, TX 78503		
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)
	publishing		Sharyland Internet Partr	
			-	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/16/2024	Stevenson, Mary Jane		\$30.00
	I	Contributor address; City; State; Zip Code		
	I			
	I	Dallas, TX 75234		
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)
	Asst. Directo		Not Supplied	<i>,</i> ,
-		л 		
4				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.		otal pages Schedule A1: ch: 4/4 Rpt: 7/11	
2 FILER NAME	2 FILER NAME		3 Fil	er ID (Ethics Commission	n Filers)
Metrocrest D	Democrats		00	0080175	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 An	nount of Contribution (\$)	
11/06/2024	Trahan, Luke				\$5.00
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78705				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Cashier		Dunkin Donuts			
Date	Full name of contributor out-of-state PAC (ID#:)	An	nount of Contribution (\$)	
12/06/2024	Trahan, Luke				\$5.00
	Contributor address; City; State; Zip Code		1		
	-				
	Austin, TX 78705				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Cashier		Dunkin Donuts			
Date	Full name of contributor out-of-state PAC (ID#:)	An	nount of Contribution (\$)	
11/13/2024	Zamorano, Wanda				\$10.00
	Contributor address; City; State; Zip Code		1		
	Irving, TX 75063				
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Not Employe	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:_)	An	nount of Contribution (\$)	
12/13/2024	Zamorano, Wanda				\$10.00
	Contributor address; City; State; Zip Code		1		
	Irving, TX 75063	1			
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Not Employe	ed	Not Employed			

SCHEDULE I

Total pages Schedule I:	2 FILER NAME Motroprost Domograte	3 Filer ID (Ethics Commission Filers
Sch: 1/4 Rpt: 8/11	Metrocrest Democrats	00080175
Date 11/10/2024	5 Payee name ActBlue Discounts	
Amount (\$) 0.20	7 Payee Address; City; State; Zip 366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Fees	Description (See instructions regarding type of information required. Fee for processing contributions
Date	Payee name	
11/17/2024	ActBlue Discounts	
Amount (\$) 2.37	Payee Address; City; State; Zip 366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Fees	 Description (See instructions regarding type of information required. Fee for processing contributions
Date	Payee name	
11/17/2024	ActBlue Discounts	
Amount (\$) 0.40	Payee Address;City; State; Zip366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Fees	 Description (See instructions regarding type of information required. Fee for processing contributions
Date	Payee name	
Date 12/08/2024	ActBlue Discounts	
Date 12/08/2024 Amount (\$)		
Date 12/08/2024	ActBlue Discounts Payee Address; City; State; Zip	

SCHEDULE I

Total pages Schedule I: Sch: 2/4 Rpt: 9/11	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers 00080175
Date 12/15/2024	5 Payee name ActBlue Discounts	
Amount (\$) 0.40 – Expenditure from	7 Payee Address; City; State; Zip 366 Summer Street	
corporate funds	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. Fee for processing contributions
Date	Payee name	
12/22/2024	ActBlue Discounts	
Amount (\$) 2.37	Payee Address; City; State; Zip 366 Summer Street	
Expenditure from corporate funds	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. Fee for processing contributions
Date	Payee name	
10/28/2024	IONOS Inc.	
Amount (\$) 187.41 Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories Fees	 (b) Description (See instructions regarding type of information required. Web Hosting
Date	Payee name	
11/12/2024	IONOS Inc.	
A	Payee Address; City; State; Zip 701 Lee Road	
Amount (\$) 34.05 Expenditure from corporate funds	Suite 300 Chesterbrook, PA 19087	

SCHEDULE |

Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Metrocrest Democrats	3 Filer ID (Ethics Commission Filers) 00080175
Date 11/25/2024	5 Payee name IONOS Inc.	
Amount (\$) 8.10 Expenditure from corporate funds	 Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting
Date 12/12/2024	Payee name IONOS Inc.	
Amount (\$) 55.33 Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web Hosting
Date 12/26/2024	Payee name IONOS Inc.	
Amount (\$) 37.17 Expenditure from corporate funds	Payee Address; City; State; Zip 701 Lee Road Suite 300 Chesterbrook, PA 19087	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Web Hosting
Date 11/18/2024	Payee name Mailchimp	
Amount (\$) 13.86 Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Mailing Service

SCHEDULE I

	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 4/4 Rpt: Date	2 FILER NAME Metrocrest Democrats 3 Filer ID 00080175 (Ethics Commission Filers) 00080175 5 Payee name
12/18/2024	Mailchimp
Amount (\$) 13.86 Expenditure from corporate funds	7 Payee Address; City; State; Zip 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) Mailing Service