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) 00082064 3 COMMITTEE NAME **OFFICE USE ONLY** Richardson Democrats Date Received **ELECTRONICALLY FILED** 03/12/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 411 W. Lookout Dr. Date Hand-delivered or Date Postmarked Change of Address Richardson, TX 75080 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Wendy NAME NICKNAME LAST **SUFFIX** Banul STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 411 W. Lookout Dr. STREET **ADDRESS** (Residence or Business) Richardson, TX 75080 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 411 W. Lookout Dr. MAILING **ADDRESS** Richardson, TX 75080 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 438-7370 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** 10/27/2024 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)
Richardson Democrats	;		00082064	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Averie Bishop State Represen	ntative	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3,136.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,136.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,800.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,535.57
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. We	endy Banul	
		Signature of Ca	mpaign Treasurer	
AFFIX NOTAR)	STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		 -
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 10

						Fage 3 01 10
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Richardson Democrats					00082064	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Plesa Mihaela Sta	te Representa	ative	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE			George King State	Board Of Edu	ucation	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Joongo Lang Gland			
(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				
	Officeholders Assisted (Identify by name or, if)					
	applicable, classify by party.)					_

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 10			
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	n Filers)			
Ric	hardso	•	ŕ					
19 SCI	Richardson Democrats 00082064 19 SCHEDULE SUBTOTALS							
l	ME OF	SUBTOTAL AI	MOUNT					
<u> </u>								
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,136.00			
				Ť				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
۷.	Ш	SCHEDULE AZ. NON-MONETART (IN-RIND) FOLTICAL CONTRIBUTIONS		\$				
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	ıK	\$				
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$				
•	Ш	LABOR ORGANIZATION		ΙΨ				
			44UZ4TION	_				
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR						
7.		ORGANIZATION		\$				
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	s				
	\Box	SCHEDULE E: LOANS						
9.	Ш	SCHEDULE E. LOANS		\$				
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,800.28			
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
	Ш	CONTENSE TO THE PROPERTY OF THE CONTENSE CONTINUES IN	3110	•				
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$				
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$				
		TO FILER						
l								
l								
l								
l								

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
TTHER (order a cotogony pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 5/10	Richardson Democrats 00082064
4 Date	5 Payee name
11/25/2024	Adobe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.46	
Expenditure from corporate funds	TX
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software
	Soliware
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/23/2024	Adobe
Amount (\$)	Payee address; City; State; Zip Code
\$32.46	
- Funanditura from	
Expenditure from corporate funds	TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Marketing Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
12/04/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$19.47	PO Box 80218
- "	
Expenditure from corporate funds	Seattle, WA 98108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Labels
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCHARLINE TO DETICITE C/OI	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 6/10	Richardson Democrats	00082064
4 Date	5 Payee name	
12/10/2024	Beyond the Slogan	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$300.00	PO Box 5809	
Expenditure from corporate funds	Sachse TX, TX 75098	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if Austin TV, officeholder hing overses
		Check if Austin, TX, officeholder living expense Texting
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		
Date	Payee name	
11/18/2024	Big Frog	
Amount (\$)	Payee address; City; State; Zip C	- code
\$25.97	Tayor address, City, State, Zip C	ouc
Ψ20.01		
Expenditure from corporate funds	тх	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	T-shirts	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		T-shirts
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	+	
Date	Payee name	
12/28/2024	Bishop, Averie	
Amount (\$)	Payee address; City; State; Zip C	code
\$500.00	, sign same say, sign, s	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Expenditure from corporate funds	тх	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Contribution to Campaign
		Contribution to Campaign
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		differential

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHEP (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/6 Rpt: 7/10	Richardson Democrats 00082064
4 Date	5 Payee name
11/22/2024	Four Bullets
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	640 N. Interurban St
Expenditure from corporate funds	Richardson, TX 75080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mpnthly Happy Hour
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/28/2024	King, George
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	
Expenditure from corporate funds	TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution to Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/28/2024	Plesa, Mihaela
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	
Expenditure from corporate funds	TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution to Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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

Candidate/Officeholder/Politica Credit Card Payment	Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 8/10	Richardson Democrats 00082064
4 Date	5 Payee name
11/12/2024	Slack
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$62.28	
Expenditure from	
corporate funds	TX
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Communications Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Communications
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/09/2024	Slack
Amount (\$)	Payee address; City; State; Zip Code
\$101.05	
Expenditure from corporate funds	TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Team Communication Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Team Communication
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
10/28/2024	Payee name Squarespace
Amount (\$) \$38.38	Payee address; City; State; Zip Code 8 Clarkson St
ψ30.36	o Giarroon of
Expenditure from corporate funds	Manhattan, NY 10014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Website Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Website hosting
	website nosting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

SCHEDULE F1

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

Event Expense Loan Repayin's Fees Office Overheir Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Exper Printing Exper Salaries/Mager Salaries/Mager Salaries/Mager Printing Exper Salaries/Mager Salaries

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 9/10	Richardson Democrats	00082064
4 Date	5 Payee name	•
11/02/2024	Squarespace	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$163.01	8 Clarkson St	
Expenditure from corporate funds	Manhattan, NY 10014	
8 PURPOSE OF	, (************************************) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website Hosting
		ű
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
12/19/2024	Squarespace	
Amount (\$)	Payee address; City; State; Zip Code	
\$120.52	8 Clarkson St	
Expenditure from corporate funds	Manhattan, NY 10014	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	website	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		website
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		
Date	Payee name	
11/08/2024	airtable.com	
Amount (\$) \$102.34	Payee address; City; State; Zip Code	•
Ψ102.34		
Expenditure from corporate funds	ТХ	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE		Check if Austin, TX, officeholder living expense
		Group Organization
Complete Chill V if all a	Condidate (Office helder neural	A Office body
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printinç Salarie	Expense //Wages/Contract Labor complete this form.	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 10/10	Richardson				00082064	
4	Date	5 Payee name					
	12/09/2024	airtable.con	n				
6	Amount (\$) \$102.34	7 Payee addre	ss; City;	State; Zip (Code		
	Expenditure from corporate funds	TX					
8	PURPOSE	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b) Description		
	OF EXPENDITURE	Fees				avel outside of Texas. Com	
					Organizati	ustin, TX, officeholder living	g expense
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office s	<u>l</u> ought	Office he	eld