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) 00088906 3 COMMITTEE NAME **OFFICE USE ONLY** El Paso Democratic Unity PAC Date Received **ELECTRONICALLY FILED** 07/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1150 N. Loop 1604 W Date Hand-delivered or Date Postmarked Suite 108-230 San Antonio, TX 78248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Christopher NAME NICKNAME LAST **SUFFIX** Koob STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1150 N. Loop 1604 W STREET **ADDRESS** Ste. 108-230 (Residence or Business) San Antonio, TX 78248 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1150 N. Loop 1604 W MAILING **ADDRESS** Ste. 108-230 San Antonio, TX 78248 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 552-0221 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME	Limite DAC	1	L3 Filer ID	(Ethics Commission Filers)	
El Paso Democratic	Unity PAC		00088906	1	
4 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.)				
	or election and nature or issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA		•		
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	AL EXPENDITURES	\$	1,458.83	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST DIG PERIOD	DAY \$	6,172.11	
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00	
6 AFFIDAVIT			<u> </u>		
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.			
		Christopl			
		Signature of Can	npaign Treasi	urer	
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	oed before me, by the said _	, th	is the	day	
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath	

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

				3 of 11			
17 COMMIT	(Ethics Comr	mission Filers)					
19 SCHEDU NAME OF	SUBTO	TAL AMOUNT					
1. X	<u></u>						
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 CORPORAL LABOR 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.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	9. SCHEDULE E: LOANS						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,458.83			
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$				
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	2.33			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/11
2	2 FILER NAME EI Paso Democratic Unity PAC	3 Filer ID (Ethics Commission Filers) 00088906
4	4 Date 01/15/2025 5 Full name of contributor out-of-state PAC (ID#: Texas Majority PAC 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$5,000.00
	Washington, DC 20003	
8	8 Principal occupation / Job title (See Instructions) 9 Em	nployer (See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica	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: 5/11	El Paso Democratic Unity PAC 00088906
4 Date	5 Payee name
04/25/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
- "	
X Expenditure from corporate funds	New York, NY 10001-6708
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
04/25/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from	
corporate funds	New York, NY 10001-6708
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 Bank Fees
	ballk rees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
03/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
— Foresediture from	
X Expenditure from corporate funds	New York, NY 10001-6708
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	·

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 6/11	El Paso Democratic Unity PAC 00088906
4 Date	5 Payee name
03/27/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
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
	Bank Fees
	Ballities
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/26/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
X Expenditure from corporate funds	New York, NY 10001-6708
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
	Bank Fees
2 Li ONII Vitaliana	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	
Date	Payee name
02/26/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 7/11	El Paso Democratic Unity PAC 00088906
4 Date	5 Payee name
01/28/2025	Amalgamated Bank
6 Amount (\$) \$14.25	7 Payee address; City; State; Zip Code 275 7th Ave
Ψ14.25	273 Turave
X Expenditure from corporate funds	New York, NY 10001-6708
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	
Date	Payee name
01/28/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from	
corporate funds	New York, NY 10001-6708
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Banki ees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
05/29/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
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 Bank Fees
	Daile 1 CCS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
4 T-1-1- 0: :: =:	
1 Total pages Schedule F1:	
Sch: 4/6 Rpt: 8/11	El Paso Democratic Unity PAC 00088906
4 Date	5 Payee name
05/29/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from	New York, NY 10001-6708
corporate funds	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
	Baillet 600
Complete ONLY & direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
,	
Date	Payee name
06/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from	
corporate funds	New York, NY 10001-6708
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.
EAPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to com	olete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
Sch: 5/6 Rpt: 9/11	El Paso Democratic Unity PAC		00088906	
4 Date	5 Payee name	•		
02/03/2025	Intuit			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	9		
\$12.77	2700 Coast Ave			
— Foresaditore from				
Expenditure from corporate funds	Mountant View, CA 94043			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Software Subscription	<u>—</u>	side of Texas. Comp	
		Check if Austin, TX Software Subso	X, officeholder living e	expense
		Software Subst	Сприоп	
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	nt .	Office hel	d
expenditure to benefit C/O			Office fici	u
Date	Dove nome			
01/08/2025	Payee name MBA Consulting Group LLC			
		`		
Amount (\$) \$1,250.00	Payee address; City; State; Zip Cod 611 Pennsylvania Ave SE	;		
\$1,230.00	# 143			
X Expenditure from				
corporate failes	Washington, DC 20003-4303			
PURPOSE OF	,	Description Check if travel out	side of Texas. Comp	lete Schedule T
EXPENDITURE	Consulting Expense	ш	X, officeholder living	
		Compliance Se	ervices	
Complete ONLY if direct	Candidate/Officeholder name Office soug	nt	Office hel	d
expenditure to benefit C/OI	1			
Date	Payee name			
01/23/2025	Payroll Data Processing			
Amount (\$)	Payee address; City; State; Zip Cod	9		
\$18.48	4224 Henderson Blvd			
Expenditure from				
corporate funds	Tampa, FL 33629			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	브	side of Texas. Comp	
		Payroll Taxes	X, officeholder living e	expense
		i ayron raxes		
Complete ONLY if direct	Candidate/Officeholder name Office soug	nt	Office hel	d
expenditure to benefit C/O			Since fiel	.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee I	Gift/Awards/Memorials Legal Services The Instruction G			pense ages/Contract Labor		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: 10/11	-		nocratic Unity F	PAC				00088906	(
4	Date	5	Payee name					•		
	01/02/2025		Slack							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Coo	de			
	\$9.33		415 Mission	St						
l⊏	Expenditure from corporate funds		San Francis	co, CA 94105						
8	PURPOSE	(a)	Category (co	e Categories listed at	the ten of this eah	odulo)	(b) Description			
	OF	 ``	Software Su		the top of this sch	edule)	_	l outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		33.1.143 34.	200ptio			Check if Austir	n, TX,	officeholder living	expense
							Software Sul	bscı	ription	
9	Complete ONLY if direct expenditure to benefit C/O	H	Candidate/Offic	eholder name	C	Office soug	jht		Office he	eld

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) El Paso Democratic Unity PAC 00088906 8 Amount (\$) Date 5 Name of person from whom amount is received 01/07/2025 \$2.33 Slack 6 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94105 Purpose for which amount is received Check if political contribution returned to filer Refund from Vendor