

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00065537		2 Total pages filed: 15		OFFICE USE ONLY	
3 COMMITTEE NAME Hill Country Texas Democratic Women				Date Received ELECTRONICALLY FILED 06/28/2025	
4 TREASURER NAME Smith, David M. (Mr.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2024		Month Day Year THROUGH 09/26/2024	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION

In the course of the transition to a new accountant and preparation of the 2025 mid-year report, a previously unreported July 1, 2024, in-kind contribution in the amount of \$82.00 came to light. This correction includes that contribution.

We respectfully request a waiver or reduction in any fine that may result from the filing of this correction.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. David M. Smith

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this 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 officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065537	2 Total pages filed: 15	
3 COMMITTEE NAME Hill Country Texas Democratic Women			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 06/28/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 293014 Kerrville, TX 78029-3014			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David M. ----- NICKNAME LAST SUFFIX Smith			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 101 E. Park Blvd., Ste. 600 Plano, TX 75074			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 101 E. Park Blvd., Ste. 600 Plano, TX 75074			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 516-3849			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2024 THROUGH 09/26/2024			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 11/05/2024 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Hill Country Texas Democratic Women		13 Filer ID (Ethics Commission Filers) 00065537
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judge Chika Anyiam Court Of Criminal Appeals, Judge
		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 TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,595.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 241.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,429.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,167.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Mr. David M. Smith _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 15

12 COMMITTEE NAME Hill Country Texas Democratic Women		13 Filer ID (Ethics Commission Filers) 00065537
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judge Cynthia Chapa Court Of Appeals, Justice
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)
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 (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)
	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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Hill Country Texas Democratic Women		13 Filer ID (Ethics Commission Filers) 00065537
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judge Nancy Mulder Court Of Criminal Appeals, Judge
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)
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 (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)
	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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Hill Country Texas Democratic Women		13 Filer ID (Ethics Commission Filers) 00065537
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judge Christine Weems Supreme Court Justice
		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.)	

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Hill Country Texas Democratic Women		18 Filer ID (Ethics Commission Filers) 00065537
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,189.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,406.50
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,229.62
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,200.00
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 8/15
2 FILER NAME Hill Country Texas Democratic Women		3 Filer ID (Ethics Commission Filers) 00065537
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collazo, Veronica <hr/> 6 Contributor address; City; State; Zip Code Tarpley, TX 78883-0117	7 Amount of Contribution (\$) \$22.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collazo, Veronica <hr/> Contributor address; City; State; Zip Code Tarpley, TX 78883-0117	Amount of Contribution (\$) \$135.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostos, Sylvia B. <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$88.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/15	
2 FILER NAME Hill Country Texas Democratic Women				3 Filer ID (Ethics Commission Filers) 00065537	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 1,943.50	
5 Date 09/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collazo, Veronica <hr/> 7 Contributor address; City; State; Zip Code Tarpley, TX 78883-0117		8 Amount of contribution (\$) \$275.00	9 In-kind contribution description necklaces for Sep 21 silent auction <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired			11 Employer (FOR NON-JUDICIAL) (See instructions) none		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostos, Sylvia B. <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028		Amount of contribution (\$) \$175.00	In-kind contribution description necklace for Sep 21 silent auction <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired			Employer (FOR NON-JUDICIAL) (See instructions) none		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostos, Sylvia B. <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028		Amount of contribution (\$) \$13.00	In-kind contribution description pastries for Sep 21 event <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired			Employer (FOR NON-JUDICIAL) (See instructions) none		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 10/15	2 FILER NAME Hill Country Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00065537
4 Date 07/30/2024	5 Payee name Doyle Community Center	
6 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 110 W. Barnett Street Kerrville, TX 78028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense board meeting conference room rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name Doyle Community Center	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 W. Barnett Street Kerrville, TX 78028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense board meeting conference room rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/21/2024	Candidate/Officeholder name Doyle Community Center	
Amount (\$) \$380.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 W. Barnett Street Kerrville, TX 78028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense venue for fundraising breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/15	2 FILER NAME Hill Country Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00065537
4 Date 09/21/2024	5 Payee name Doyle Community Center	
6 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 110 W. Barnett Street Kerrville, TX 78028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense board meeting conference room rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Rails a Café at the Depot		
Amount (\$) \$1,548.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 615 E. Schreiner Street Kerrville, TX 78028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly membership luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/4 Rpt: 12/15	2 FILER NAME Hill Country Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00065537
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 09/24/2024	6 Payee name Bonnie Lee Goldstein Campaign	
7 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 2121 N. Pearl Street #210 Mail Box 1 Dallas, TX 75201	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Chika Anyiam Campaign	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 743201 Dallas, TX 75374	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 2/4 Rpt: 13/15	2 FILER NAME Hill Country Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00065537
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 09/24/2024	6 Payee name Christine Weems Campaign	
7 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 1300 McGowen Street Houston, TX 77004	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Cynthia Chapa Campaign	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 68111 San Antonio, TX 78268	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 3/4 Rpt: 14/15	2 FILER NAME Hill Country Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00065537
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 09/24/2024	6 Payee name Holly Taylor Campaign	
7 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 1101 W. 334th #119 Austin, TX 78705	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Liza Rodriguez Campaign	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5507 E. Evans Road Suite 104 #102 San Antonio, TX 78261	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 4/4 Rpt: 15/15	2 FILER NAME Hill Country Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00065537
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 09/24/2024	6 Payee name Luz Elena Chapa Campaign	
7 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code P.O. Box 90382 San Antonio, TX 78209	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Nancy Mulder Campaign	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13901 Midway Road #102 PMB 498 Dallas, TX 75374	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check to campaign to be issued on October 7, 2024
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held