

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|--|--|--|--|--------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00087687 | 2 Total pages filed: 8 | |
| 3 COMMITTEE NAME NACA Economic Justice for All | | | OFFICE USE ONLY | |
| | | | Date Received ELECTRONICALLY FILED 07/08/2025 | |
| | | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| 4 COMMITTEE ADDRESS | | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 225 Centre Street, Ste. 100 Boston, MA 02119 | |
| 5 CAMPAIGN TREASURER NAME | | | MS / MRS / MR FIRST MI Mr. Bruce NICKNAME LAST SUFFIX Marks | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 225 Centre Street Suite 100 Boston, MA 02119 | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 225 Centre Street Suite 100 Boston, MA 02119 | |
| 8 CAMPAIGN TREASURER PHONE | | | AREA CODE PHONE NUMBER EXTENSION (617) 835-4477 | |
| 9 REPORT TYPE | | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" 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 01/01/2025 THROUGH Month Day Year 06/30/2025 | |
| 11 ELECTION | | | ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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| 12 COMMITTEE NAME NACA Economic Justice for All | 13 Filer ID (Ethics Commission Filers) 00087687 |
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|---|--|--------------|
| 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 |
| | | 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.) | |
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|-------------------------------|---|-----------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8,699.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 7,028,389.89 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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.

Mr. Bruce Marks

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 8

| | | |
|---|--|---|
| 17 COMMITTEE NAME NACA Economic Justice for All | | 18 Filer ID (Ethics Commission Filers) 00087687 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ 500.00 |
| 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 | \$ 8,699.10 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 112,258.07 |

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 4/8

2 FILER NAME

NACA Economic Justice for All

3 Filer ID (Ethics Commission Filers)
00087687

4 Date

06/30/2025

5 Corporation / Labor Organization name

Economic Justice for All

6 Amount (\$)

500.00

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: 1/3 Rpt: 5/8 | 2 FILER NAME NACA Economic Justice for All | 3 Filer ID (Ethics Commission Filers) 00087687 |
| 4 Date 03/17/2025 | 5 Payee name Bank of America | |
| 6 Amount (\$) \$1,631.35 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 100 Federal St Boston, MA 02110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Bank Service Charge | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Bank Service Charge MA |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/15/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Bank of America | | |
| Amount (\$) \$1,635.84 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 100 Federal St Boston, MA 02110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Bank Service Charge | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Bank Service Charge MA |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/15/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Bank of America | | |
| Amount (\$) \$1,639.76 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 100 Federal St Boston, MA 02110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Bank Service Charge | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Bank Service Charge MA |
| 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: 2/3 Rpt: 6/8 | 2 FILER NAME NACA Economic Justice for All | 3 Filer ID (Ethics Commission Filers) 00087687 |
| 4 Date 06/16/2025 | 5 Payee name Bank of America | |
| 6 Amount (\$) \$1,644.42 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 100 Federal St Boston, MA 02110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Bank Service Charge | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-Contribution Account 2025 Bank Service Charge MA |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/28/2025 | Payee name Public Affairs Support Services Inc. | |
| Amount (\$) \$437.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1950 Roland Clarke Place Suite 300 Reston, VA 20191 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Compliance/reporting/filing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Compliance/reporting/filing VA |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/15/2025 | Payee name Public Affairs Support Services Inc. | |
| Amount (\$) \$833.93 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1950 Roland Clarke Place Suite 300 Reston, VA 20191 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Compliance/reporting/filing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Compliance/reporting/filing VA |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: 3/3 Rpt: 7/8 | 2 FILER NAME NACA Economic Justice for All | 3 Filer ID (Ethics Commission Filers) 00087687 |
| 4 Date 04/15/2025 | 5 Payee name Public Affairs Support Services Inc. | |
| 6 Amount (\$) \$57.67 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1950 Roland Clarke Place Suite 300 Reston, VA 20191 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Compliance/reporting/filing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Compliance/reporting/filing VA |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 05/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Public Affairs Support Services Inc. | | |
| Amount (\$) \$207.78 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1950 Roland Clarke Place Suite 300 Reston, VA 20191 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Compliance/reporting/filing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Compliance/reporting/filing VA |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 06/05/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Public Affairs Support Services Inc. | | |
| Amount (\$) \$611.35 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1950 Roland Clarke Place Suite 300 Reston, VA 20191 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Compliance/reporting/filing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Not Applicable 2025 Compliance/reporting/filing VA |
| Complete ONLY if direct expenditure to benefit C/OH | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 8/8 |
| 2 FILER NAME NACA Economic Justice for All | | 3 Filer ID (Ethics Commission Filers) 00087687 |
| 4 Date 02/28/2025 | 5 Name of person from whom amount is received Bank of America | 8 Amount (\$) \$19,008.88 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Boston, MA 02110 | |
| | 7 Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 03/31/2025 | Name of person from whom amount is received Bank of America | Amount (\$) \$23,585.86 |
| | Address of person from whom amount is received; City; State; Zip Code Boston, MA 02110 | |
| | Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 04/30/2025 | Name of person from whom amount is received Bank of America | Amount (\$) \$22,896.92 |
| | Address of person from whom amount is received; City; State; Zip Code Boston, MA 02110 | |
| | Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/30/2025 | Name of person from whom amount is received Bank of America | Amount (\$) \$23,731.67 |
| | Address of person from whom amount is received; City; State; Zip Code Boston, MA 02110 | |
| | Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 06/30/2025 | Name of person from whom amount is received Bank of America | Amount (\$) \$23,034.74 |
| | Address of person from whom amount is received; City; State; Zip Code Boston, MA 02110 | |
| | Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer | |