#### 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) 00086934 3 COMMITTEE NAME **OFFICE USE ONLY** Asian Americans for Change Fund Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 33079 Date Hand-delivered or Date Postmarked Change of Address Washington DC, DC 20033 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Nancy NAME NICKNAME LAST **SUFFIX** Wu STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1809 Hollister St. STREET **ADDRESS** Suite C202 (Residence or Business) Houston, TX 77080 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 33079 MAILING **ADDRESS** Washington DC, DC 20033 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (773) 896-6617 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 Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer		(Ethics Commission Filers)
Asian Americans for (	Change Fund		0008	6934	
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 Magauraa	A. Supported			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		D. Opposed			
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAI OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA			•	
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOAN:		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	6,601.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE L G PERIOD	AST DAY	\$	176,792.32
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
			s. Nancy Wu		
		Signature o	of Campaign T	reasure	S.L.
AFFIX NOTAR	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said		, this the		day
		which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title	of office	r administering oath

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			3 of 13						
17 COMMITTE Asian Ame	E NAME ricans for Change Fund	<b>18</b> Filer ID 00086934	(Ethics Commission Filers)						
19 SCHEDULE NAME OF S			SUBTOTAL AMOUNT						
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
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 CORPORALABOR 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.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$						
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 6,601.98						
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 CONTRIBUTION	ONS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

nt Solicitation/Fundraising Expense
e 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 complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commissi	on Filers)
Sch: 1/10 Rpt: 4/13	Asian Americans for Change Fund 00086934	
4 Date	5 Payee name	
01/28/2025	Amalgamated Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$11.50	1825 K St NW	
Expenditure from		
corporate funds	Washington, DC 20006	
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	
	Dalk rees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	The state of the s	
Date		
02/26/2025	Payee name Amalgamated Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	1825 K St NW	
Expenditure from	West in the Bo 20000	
corporate funds	Washington, DC 20006	
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	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	DH .	
Date	Payee name	
01/03/2025	Gusto	
Amount (\$)	Payee address; City; State; Zip Code	
\$38.15		
·		
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Software Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experioliture to benefit C/Oi	חע	

### 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 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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 5/13	Asian Americans for Change Fund 00086934
4 Date	5 Payee name
02/04/2025	Gusto
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$38.15	525 20th St
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Software Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date 03/04/2025	Payee name Gusto
Amount (\$)	Payee address; City; State; Zip Code
\$38.15	525 20th St
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Н
Date	Payee name
04/02/2025	Gusto
Amount (\$)	Payee address; City; State; Zip Code
\$38.15	525 20th St
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a set construct listed above)

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 6/13	Asian Americans for Change Fund 00086934
4 Date	5 Payee name
05/02/2025	Gusto
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$38.15	525 20th St
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Software Subscription
	Software Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/03/2025	Gusto
Amount (\$)	Payee address; City; State; Zip Code
\$38.15	525 20th St
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LA LABITORL	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/10/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$107.91	2700 Coast Ave
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1 

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 4/10 Rpt: 7/13	2 FILER NAME Asian Americans for Change Fund 3 Filer ID (Ethics Commission Filers) 00086934
4 Date	5 Payee name
02/10/2025	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$107.91	2700 Coast Ave
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Software Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del> 1
Data	
Date	Payee name
03/10/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$107.91	2700 Coast Ave
Expenditure from	
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/10/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$107.91	2700 Coast Ave
,	
Expenditure from	M - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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
OTHER (order a category 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: 5/10 Rpt: 8/13	Asian Americans for Change Fund 00086934
4 Date	5 Payee name
05/12/2025	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$107.91	2700 Coast Ave
Expenditure from	
corporate funds	Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Software Subscription
	Software Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/10/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$107.91	2700 Coast Ave
,	
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software Subscription
	Contraro cubestipaton
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/21/2025	Katz Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 33079
φοσο.σσ	. 5 25 555. 5
Expenditure from corporate funds	Washington, DC 20033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Compliance Services
	Compliance Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### 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  The Instruction Guide e		es/Contract Labor plete this form.	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 6/10 Rpt: 9/13	Asian Americans for Change Fu	nd		00086934	
4	Date	5 Payee name				
	03/10/2025	Katz Compliance				
6	Amount (\$) \$300.00	7 Payee address; City; PO Box 33079	State; Zip Code			
	Expenditure from corporate funds	Washington, DC 20033				
8	PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b	) Description		
	OF EXPENDITURE	Office Overhead/Rental Expens		Check if travel outs		
	2.0 2.00.101.2			Check if Austin, TX		expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name I	Office sough	t	Office he	eld
	Date	Payee name				
	03/10/2025	Katz Compliance				
	Amount (\$)	Payee address; City;	State; Zip Code			
	\$686.00	PO Box 33079				
	- Consorditors from					
	Expenditure from corporate funds	Washington, DC 20033				
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b	<b>)</b> Description		
	OF EXPENDITURE	Office Overhead/Rental Expens	e	Check if travel outs		
				Check if Austin, TX		expense
				Compliance Se	rvices	
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office he	eld
	expenditure to benefit C/O		eee ee ag	•	<b></b>	
	Date	Payee name				
	04/22/2025	Katz Compliance				
	Amount (\$)	Payee address; City;	State; Zip Code	!		
	\$300.00	PO Box 33079				
	Expenditure from corporate funds	Washington, DC 20033				
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b	) Description		
	OF EXPENDITURE	Office Overhead/Rental Expens	e	Check if travel outs		
				Check if Austin, TX		expense
				Compilative Se	I AICE2	
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	<u> </u>	Office he	eld
	expenditure to benefit C/O		<b></b>		32	

### 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 Legal Services 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	I 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: 7/10 Rpt: 10/13	Asian Americans for Change Fund 00086934
4 Date	5 Payee name
05/27/2025	Katz Compliance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	PO Box 33079
Expenditure from	
corporate funds	Washington, DC 20033
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Compliance Services
	Complication Convinces
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-</del>
Date	Payee name
06/26/2025	Katz Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 33079
Expenditure from corporate funds	Washington, DC 20033
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Compliance Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
01/21/2025	NGP Van
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	655 15th St NW Ste 650
Expenditure from corporate funds	Washington, DC 20005
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Software Subscription
	Soliware Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica		egal Services			e /Contract Labor		OTHER (enter a	category not listed above)
Credit Card Payment		The Instruction Guide	explains how to co	mple	te this form.			
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 8/10 Rpt: 11/13	Asian Americ	cans for Change F	und				00086934	
4 Date	5 Payee name							
03/10/2025	NGP Van							
6 Amount (\$)	<b>7</b> Payee address	s; City;	State; Zip Co	ode				
\$210.00	655 15th St I		, ,					
,								
Expenditure from	Washington,	DC 20005						
corporate funds				4.				
8 PURPOSE OF		Categories listed at the to		(b)	Description	outoi.	do of Toyloo Com	nlata Cabadula T
EXPENDITURE	Office Overh	ead/Rental Expen	se		므		officeholder living	plete Schedule T. a expense
					Software Sub			, - ,
							•	
9 Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ıaht			Office he	eld
expenditure to benefit C/O				3				
Date	Dayon nama							
04/23/2025	Payee name NGP Van							
		0:4	Otata Zia Oa	-1-				
Amount (\$)	Payee address	•	State; Zip Co	oue				
\$105.00	655 15th St I	NW Ste 650						
Expenditure from								
corporate funds	Washington,	DC 20005						
PURPOSE	(a) Category (See	Categories listed at the to	o of this schedule)	(b)	Description			
OF EXPENDITURE	Office Overh	ead/Rental Expen	se		<b></b>			plete Schedule T.
-					Software Sub		officeholder living	g expense
					Software Sub	JSCI	іриоп	
Complete ONLY if direct	Candidata/Offic	abaldar nama	Office cou	abt			Office be	ald.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	enoluei name	Office sou	igni			Office he	eiu
Date	Payee name							
05/14/2025	NGP Van							
Amount (\$)	Payee address	s; City;	State; Zip Co	de				
\$105.00	655 15th St I	NW Ste 650						
Expenditure from								
corporate funds	Washington,	DC 20005						
PURPOSE	(a) Category (See	Categories listed at the to	o of this schedule)	(b)	Description			
OF EXPENDITURE		ead/Rental Expen			ш			plete Schedule T.
EXPENDITORE					_		officeholder living	g expense
					Software Sub	SCI	ription	
				<u> </u>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ght			Office he	eld
onponditure to belieff 0/01	•							

### 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 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 con	mplete	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 9/10 Rpt: 12/13	Asian Americans for Change Fund			00086934	
4 Date	5 Payee name		•		
06/30/2025	NGP Van				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$105.00	655 15th St NW Ste 650				
Expenditure from					
corporate funds	Washington, DC 20005				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside		
		L	Check if Austin, TX,  Software Subscr		expense
			oliware Subsci	ιμιστι	
9 Complete ONLY if direct	Candidate/Officeholder name Office sour	ıaht		Office he	ald
expenditure to benefit C/O		igiit		Office fic	Siu -
Date	Dougo name				
06/20/2025	Payee name Squarespace				
Amount (\$) \$213.12	Payee address; City; State; Zip Co 8 Clarkson St	oue			
<b>Φ213.12</b>	8 CIAIRSOIT St				
Expenditure from corporate funds	New York, NY 10014				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription		
OF EXPENDITURE	Office Overhead/Rental Expense	l ⊨	Check if travel outsion Check if Austin, TX,		
		<u> </u>	Vebsite hosting		ехрепае
			3		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/O	н				
Date	Payee name				
06/26/2025	Washington Chinese Daily News				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$1,200.00	5848 Hubbard Dr				
Expenditure from corporate funds	Rockville, MD 20852				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription		
OF	Advertising Expense	l`´⊑	Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin, TX,	officeholder living	expense
		A	dvertising		
Complete CAU V if dire-+	Condidate/Officeholder nema	l abt		O#: !	ald.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ıgnı		Office he	eiu
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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 Git/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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Cor	nmittee Le	tt/Awards/Memorials gal Services ne Instruction G					Travel Out of Dis OTHER (enter a	strict category not listed above	)
1	Total pages Schedule F1:	2					•	3	Filer ID	(Ethics Commission	Eilore)
	Sch: 10/10 Rpt: 13/13		Asian America	ane for Chanc	a Eund			ľ	00086934	(Eurios Commission	1 11010)
L				ans for Chang	e runu				00000934		
4	Date	5	Payee name								
l	06/26/2025		World Journal	LLC							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
l	\$1,440.00		14107 20th Av	ve							
l											
╓	Expenditure from		Whitestone, N	IV 11257							
Ľ	corporate funds	_				ı					
8	PURPOSE OF		Category (See C		he top of this sch	edule)	(b) Description				
	EXPENDITURE		Advertising Ex	kpense					ide of Texas. Com , officeholder living		
							Advertising		, omeenolder living	гелрензе	
							Advertising				
Ļ		<u> </u>									
9	Complete ONLY if direct expenditure to benefit C/OI	- ( -	Candidate/Officel	nolder name	C	Office sou	gnt		Office he	eia	
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