

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) 00061721	2 Total pages filed: 16	
3 COMMITTEE NAME Texas Democratic Women of the South Plains PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/13/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 93386 Lubbock, TX 79493			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Stephanie NICKNAME LAST SUFFIX Smith			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2825 67th Street Lubbock, TX 79413			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 93386 Lubbock, TX 79493			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 559-5624			
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 checked="" type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 01/22/2025 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

12 COMMITTEE NAME Texas Democratic Women of the South Plains PAC		13 Filer ID (Ethics Commission Filers) 00061721
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.)	
	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 474.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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.

Stephanie 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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 16

17 COMMITTEE NAME Texas Democratic Women of the South Plains PAC		18 Filer ID (Ethics Commission Filers) 00061721
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 850.00
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 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	\$ 474.80
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 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: 1/6 Rpt: 4/16
2 FILER NAME Texas Democratic Women of the South Plains PAC		3 Filer ID (Ethics Commission Filers) 00061721
4 Date 04/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bals, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79413	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlton, Shannon <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goode, Leisa <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Connie <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haymes, Candy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/16
2 FILER NAME Texas Democratic Women of the South Plains PAC		3 Filer ID (Ethics Commission Filers) 00061721
4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Sheila <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79413	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) unemployed
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Sheila <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Sheila <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Sheila <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Sheila <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/16
2 FILER NAME Texas Democratic Women of the South Plains PAC		3 Filer ID (Ethics Commission Filers) 00061721
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutton, Doreen <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juno, Rob <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kireilis, Jan <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Bobby <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions) pastor
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Celeste <hr/> Contributor address; City; State; Zip Code Muleshoe, TX 79347	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) School		Employer (See Instructions) Principal

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/16
2 FILER NAME Texas Democratic Women of the South Plains PAC		3 Filer ID (Ethics Commission Filers) 00061721
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Connie <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Victoria <hr/> Contributor address; City; State; Zip Code Muleshoe, TX 79347	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Brandy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79412	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebranek, Cecilia <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79412	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) director		Employer (See Instructions) UMC
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Linda <hr/> Contributor address; City; State; Zip Code Imperial, CA 92251	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/16
2 FILER NAME Texas Democratic Women of the South Plains PAC		3 Filer ID (Ethics Commission Filers) 00061721
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Lisa 6 Contributor address; City; State; Zip Code Lubbock, TX 79413	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Lisa Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Lisa Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Lisa Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Lisa Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/16
2 FILER NAME Texas Democratic Women of the South Plains PAC		3 Filer ID (Ethics Commission Filers) 00061721
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Lisa <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79413	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)

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: 1/7 Rpt: 10/16	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 02/02/2025	5 Payee name ActBlue	
6 Amount (\$) \$2.77 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/16/2025	Payee name ActBlue	
Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2025	Payee name ActBlue	
Amount (\$) \$0.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
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: 2/7 Rpt: 11/16	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 03/16/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
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: 3/7 Rpt: 12/16	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 05/04/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/25/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.75 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
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: 4/7 Rpt: 13/16	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 06/01/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/15/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/29/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.79 <input type="checkbox"/> Expenditure from corporate funds	Payee name ActBlue Payee address; City; State; Zip Code P.O.Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing
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: 5/7 Rpt: 14/16	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 02/03/2025	5 Payee name Krizek, Brigid	
6 Amount (\$) \$14.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3412 46th St Lubbock, TX 79413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/16/2025	Payee name LubbockPRIDE	
Amount (\$) \$28.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 6771 Lubbock, TX 79493	
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 booth rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2025	Payee name Texas Democratic Women	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4609 Pangolin Drive Ft. Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) state part of membership dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense state part of membership dues
Complete <u>ONLY</u> 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: 6/7 Rpt: 15/16	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 02/03/2025	5 Payee name Texas Democratic Women	
6 Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4609 Pangolin Drive Ft. Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 3 star award members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/14/2025	Candidate/Officeholder name Texas Democratic Women	
Amount (\$) \$170.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4609 Pangolin Drive Ft. Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) membership dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name Texas Democratic Women	
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4609 Pangolin Drive Ft. Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) membership dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
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: 7/7 Rpt: 16/16	2 FILER NAME Texas Democratic Women of the South Plains PAC	3 Filer ID (Ethics Commission Filers) 00061721
4 Date 05/14/2025	5 Payee name Texas Democratic Women	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4609 Pangolin Drive Ft. Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) membership dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held