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) 00061721 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Democratic Women of the South Plains PAC Date Received **ELECTRONICALLY FILED** 07/13/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 93386 Date Hand-delivered or Date Postmarked Change of Address Lubbock, TX 79493 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Stephanie NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2825 67th Street STREET **ADDRESS** (Residence or Business) Lubbock, TX 79413 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 93386 MAILING **ADDRESS** Lubbock, TX 79493 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 559-5624 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** 01/22/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Democratic Wor	nen of the South Plains	PAC	00061721	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	60.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	474.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Stephar	nie Smith	
		Signature of Car	npaign Treasu	rer
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offic	eer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			3 of 16
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Texas De	mocratic Women of the South Plains PAC	00061721	
19 SCHEDUL NAME OF		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	\$	
9.	SCHEDULE E: LOANS	\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$ 474.80	
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	\$

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/16	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		cratic Women of the South Plains PAC			00061721	
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 O4/14/2025 Bals, Marilyn 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00	
		Lubbock, TX 79413				
8	Principal occu unknown	pation / Job title (See Instructions)	9 Employer (See Instructions unknown	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/18/2025 Charlton, Shannon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
		Lubbock, TX 79413				
	Principal occupation / Job title (See Instructions) unknown Employer (See Instructions unknown		5)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
		Lubbock, TX 79413				
	Principal occu unknown	pation / Job title (See Instructions)	Employer (See Instructions unknown	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/10/2025 Goodwin, Connie Contributor address; City; State; Zip Code Lubbock, TX 79410)		Amount of Contribution (\$)	\$120.00
	Principal occu Unemployed	pation / Job title (See Instructions)	Employer (See Instructions Unemployed	5)		
	Date 01/22/2025				Amount of Contribution (\$)	\$20.00
	Principal occu Unknown	oation / Job title (See Instructions)	Employer (See Instructions Unknown	<u>.</u> ;)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/16	
2	FILER NAME Texas Demo	cratic Women of the South Pla	ins PAC		3	Filer ID (Ethics Commission 00061721	Filers)
4			7	Amount of Contribution (\$)	\$25.00		
8	Principal occu Unemployed		9	Employer (See Instructions unemployed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/16/2025 Hoover, Sheila Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu unemployed	Lubbock, TX 79413 pation / Job title (See Instructions)		Employer (See Instructions unemployed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
		Lubbock, TX 79413	1				
	unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00		
	Principal occu unemployed	Lubbock, TX 79413 pation / Job title (See Instructions)		Employer (See Instructions unemployed	<u>;</u>)		
	Date Full name of contributor out-of-state PAC (ID#:) Hoover, Sheila Contributor address; City; State; Zip Code Lubbock, TX 79413			Amount of Contribution (\$)	\$25.00		
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed)		

	MONEI	ARY POLITICAL CONTRIBUT	IO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/16	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		cratic Women of the South Plains PAC			L	00061721	
4	Date 03/30/2025	5 Full name of contributor out-of-state PAC (I Hutton, Doreen)	7	Amount of Contribution (\$)	\$20.00
		6 Contributor address; City; State; Zip Code					
		Lubbock, TX 79423			<u> </u>		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date	Full name of contributor ut-of-state PAC (I	ID#:			Amount of Contribution (\$)	
	05/23/2025	Juno, Rob					\$20.00
		Contributor address; City; State; Zip Code	•••••				
		Lubbock, TX 79413					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	not employe	<u> </u>		not employed			
Date Full name of contributor 02/01/2025 Kireilis, Jan			ID#:)		Amount of Contribution (\$)	
		Kireilis, Jan					\$20.00
		Contributor address; City; State; Zip Code Lubbock, TX 79414					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Unknown	oduon / Job title (See matrictions)		Unknown)		
				CHRIOWH		A	
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	#20.00
	02/10/2025	McMillan, Bobby Contributor address; City; State; Zip Code					\$20.00
		Lubbock, TX 79413					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Clergy			pastor			
	Date	Full name of contributor ut-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	05/23/2025	Miller, Celeste					\$50.00
		Contributor address; City; State; Zip Code					
		Muleshoe, TX 79347					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	School			Principal			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/16	
2	FILER NAME	and a Mariana at the Court D	leine DAO		3	Filer ID (Ethics Commission	Filers)
_		ocratic Women of the South P			Ļ	00061721	
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 02/12/2025 Miller, Connie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
•	Dringing con	Lubbock, TX 79424) Employer/Coo Instruction			
8	Unemployed	pation / Job title (See Instruction:	5)	Employer (See Instructions Unemployed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/23/2025 Miller, Victoria Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00		
		Muleshoe, TX 79347			Ĺ		
Principal occupation / Job title (See Instructions) Employer (See Instruction Unemployed Unemplyed		5)					
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00		
		Lubbock, TX 79412					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	unknown			unknown			
	Date Full name of contributor out-of-state PAC (ID#:) 01/31/2025 Sebranek, Cecilia Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00	
		Lubbock, TX 79412	,		Ĺ		
	director	pation / Job title (See Instructions	5)	Employer (See Instructions UMC	5)		
	Date 02/25/2025	Full name of contributor Thomas, Linda Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$40.00
	Principal occu unknown	Imperial, CA 92251 pation / Job title (See Instructions	5)	Employer (See Instructions unknown	<u> </u> s)		

	MONEI	ARY POLITICAL CONTR	IBUTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to comp	lete this fo	rm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/16	
2	FILER NAME Texas Demo	cratic Women of the South Plains PAC			3	Filer ID (Ethics Commission 00061721	ı Filers)
4	Date 01/28/2025	Ware, Lisa	ate PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Lubbock, TX 79413 pation / Job title (See Instructions)	9	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:) Ware, Lisa Contributor address; City; State; Zip Code Lubbock, TX 79413			Amount of Contribution (\$)	\$20.00			
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/28/2025 Ware, Lisa Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00	
	Dringinal occur	Lubbock, TX 79413 pation / Job title (See Instructions)		Employer (See Instructions			
	unemployed	auton / Job title (See Instructions)		Employer (See instructions	,		
	Date Full name of contributor out-of-state PAC (ID#:) 04/28/2025 Ware, Lisa Contributor address; City; State; Zip Code Lubbock, TX 79413)		Amount of Contribution (\$)	\$20.00	
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/20/2025	Full name of contributor out-of-sta Ware, Lisa Contributor address; City; State; Zip Cod Lubbock, TX 79413	ate PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions)		

MONET	TARY POLITICAL CONTRIBUT	IONS	SCHEDULI	■ A1
The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/16		
			3 Filer ID (Ethics Commission 00061721	Filers)
Date 06/28/2025	Ware, Lisa		7 Amount of Contribution (\$)	\$20.00
	Lubbock, TX 79413			
		9 Employer (See Instruction	s)	
	The Instru FILER NAME Texas Demo Date 06/28/2025	The Instruction Guide explains how to complete this FILER NAME Texas Democratic Women of the South Plains PAC Date 5 Full name of contributor out-of-state PAC (ID 06/28/2025 Ware, Lisa 6 Contributor address; City; State; Zip Code	The Instruction Guide explains how to complete this form. FILER NAME Texas Democratic Women of the South Plains PAC Date 06/28/2025 Ware, Lisa 6 Contributor address; City; State; Zip Code Lubbock, TX 79413 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	The Instruction Guide explains how to complete this form. FILER NAME Texas Democratic Women of the South Plains PAC Date 06/28/2025 Ware, Lisa 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/16 3 Filer ID (Ethics Commission 00061721 7 Amount of Contribution (\$)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al 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: 1/7 Rpt: 10/16	Texas Democratic Women of the South Plains PAC 00061721	
4 Date	5 Payee name	
02/02/2025	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.77	P.O.Box 441146	
Expenditure from corporate funds	Somerville, MA 02144	
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	
	processing	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	H	
Date	Payee name	_
02/16/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	_
\$0.99	P.O.Box 441146	
Expenditure from corporate funds	Somerville, MA 02144	
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	
	processing	
	processing	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	H	
Date	Payee name	_
03/02/2025	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	_
\$0.79	P.O.Box 441146	
F		
Expenditure from corporate funds	Somerville, MA 02144	
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	
	processing	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 2/7 Rpt: 11/16	Texas Democratic Women of the South Plains PAC 00061721
4 Date	5 Payee name
03/16/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	P.O.Box 441146
— Forestelland from	
Expenditure from corporate funds	Somerville, MA 02144
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
	processing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
03/30/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$1.58	P.O.Box 441146
Expenditure from corporate funds	Somerville, MA 02144
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
	processing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
04/20/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	P.O.Box 441146
Evponditure from	
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	processing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
CAPCHARAIGE TO DEHERL C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P		Office Overheat Polling Expens Printing Expen Salaries/Wage	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.		aising Expense Juipment & Related Expense rict category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 3/7 Rpt: 12/16		Women of the Sout	th Plains PA	С	00061721	
4 Date	5 Payee name			•		
05/04/2025	ActBlue					
6 Amount (\$) \$0.79	7 Payee address; P.O.Box 441146	City; State	e; Zip Code			
Expenditure from corporate funds	Somerville, MA 02	2144				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categ					
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officehold	er name (Office sought		Office he	ld
Date	Payee name					
05/18/2025	ActBlue					
Amount (\$)	Payee address;	City; State	e; Zip Code			
\$0.99	P.O.Box 441146					
Expenditure from corporate funds	Somerville, MA 02	2144				
PURPOSE OF EXPENDITURE	(a) Category (See Categ Fees	ories listed at the top of this sch	hedule) (b)		outside of Texas. Comp , TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officehold	er name (Office sought		Office he	ld
Date	Payee name					
05/25/2025	ActBlue					
Amount (\$) \$4.75	Payee address; P.O.Box 441146	City; State	e; Zip Code			
Expenditure from corporate funds	Somerville, MA 02	2144				
PURPOSE OF EXPENDITURE	(a) Category (See Category Fees	ories listed at the top of this sch	hedule) (b)		outside of Texas. Comp , TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	er name	Office sought		Office he	ld

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Calcadula E4.	
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	5 Payee name
06/01/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.79	P.O.Box 441146
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	processing
	p. o c c c c c c c c c c c c c c c c c c
O Commission Chilly in the	On didn't 10 ff a halden name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
SAPORALIZATO TO DOTICITE O/O	
Date	Payee name
06/15/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	P.O.Box 441146
Φ0.99	P.O.DOX 441140
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	processing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/29/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.79	P.O.Box 441146
Expenditure from corporate funds	Somerville, MA 02144
•	
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
	processing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	1

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

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: 5/7 Rpt: 14/16	Texas Democratic Women of the South Plains PAC 00061721						
4 Date	5 Payee name						
02/03/2025	Krizek, Brigid						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$14.07	3412 46th St						
— Foresedit ve from							
Expenditure from corporate funds	Lubbock, TX 79413						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense reimbursement						
	Telinbursenient						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Data	Davis same						
Date	Payee name						
05/16/2025	LubbockPRIDE						
Amount (\$)	Payee address; City; State; Zip Code						
\$28.52	PO Box 6771						
Expenditure from							
corporate funds	Lubbock, TX 79493						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Event Expense						
_/	Check if Austin, TX, officeholder living expense						
	booth rental						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
Date	Payee name						
02/03/2025	Texas Democratic Women						
Amount (\$)	Payee address; City; State; Zip Code						
\$55.00	4609 Pangolin Drive						
Expenditure from							
corporate funds Ft. Worth, TX 76244							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	state part of membership dues Check if travel outside of Texas. Complete Schedule T.						
Z. ZADITORE	Check if Austin, TX, officeholder living expense						
	state part of membership dues						
Complete ONII V If all a	Condidate/Officeholder name						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 6/7 Rpt: 15/16	Texas Democratic Women of the South Plains PAC 00061721							
4 Date	5 Payee name							
02/03/2025	Texas Democratic Women							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$150.00	4609 Pangolin Drive							
— Foreseditors from								
Expenditure from corporate funds	Ft. Worth, TX 76244							
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	3 star award members							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	1							
Date	Payee name							
03/14/2025	Texas Democratic Women							
Amount (\$)	Payee address; City; State; Zip Code							
\$170.00	4609 Pangolin Drive							
— Formanditure from								
Expenditure from corporate funds	Ft. Worth, TX 76244							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	membership dues Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense membership dues							
	membership dues							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							
Date	Payee name							
04/09/2025	Texas Democratic Women							
Amount (\$)								
\$30.00	Payee address; City; State; Zip Code 4609 Pangolin Drive							
φου.σσ	4000 Fallyout Brive							
Expenditure from corporate funds	Ft. Worth, TX 76244							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	membership dues Check if travel outside of Texas. Complete Schedule T.							
EXPENDITORE	Check if Austin, TX, officeholder living expense							
	membership dues							
Complete ONLY if direct	Candidate/Officeholder name Office county Office hold							
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide e	Salaries/W		OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	1	3 Filer ID	(Ethics Commission Filers)				
Sch: 7/7 Rpt: 16/16 Texas Democratic Women of the South Plains PAC						00061721		
4	Date	5 Payee name	?					
	05/14/2025	Texas Den	nocratic Women					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de			
	\$10.00	4609 Pang	olin Drive					
	Expenditure from corporate funds	Ft. Worth,	TX 76244					
8	PURPOSE		See Categories listed at the top		(b) Description			
ľ	OF		outside of Texas, Con	nnlete Schedule T				
	EVENDITURE membership dues Lichard dues					rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
					membership			
					·			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght	Office h	eld	
	expenditure to benefit C/OI							