#### 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) 00055548 3 COMMITTEE NAME **OFFICE USE ONLY** North Dallas Texas Democratic Women Date Received **ELECTRONICALLY FILED** 07/17/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 17201 Hidden Glen Drive Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Lenna NAME NICKNAME LAST **SUFFIX** Webb STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 17201 Hidden Glen Drive STREET **ADDRESS** (Residence or Business) Dallas, TX 75248 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 17201 Hidden Glen Drive MAILING **ADDRESS** Dallas, TX 75248 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 732-7712 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 11/04/2025 χ General Special **GO TO PAGE 2**

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 File		(Ethics Commission Filers)
North Dallas Texas Der	mocratic Women		000	55548	
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. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION	1	POLITICAL CONTRIBUTIONS (OTHER	THAN	<u> </u>	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	CITIAN	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$	2.525.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF L	LOANS)		2,535.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF 1 G PERIOD	THE LAST DAY	\$	738.67
OUTSTANDING LOAN TOTALS	•	MOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	IS AS OF THE	\$	0.00
6 AFFIDAVIT	I			<u> </u>	
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information		
		Ciana	Ms. Lenna We		
		Signa	ature of Campaign	rreasurei	l
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the _		day
		which, witness my hand and seal of office			-
Signature of officer ad	ministering oath	Printed name of officer administering oatl	h Title	e of officer	administering oath

#### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

				3 of 22			
17 COMMIT	EE NAME	(Ethics Commission	n Filers)				
North Da	llas Texas Democratic Women	00055548					
	LE SUBTOTALS SCHEDULE		SUBTOTAL AI	MOUNT			
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,5							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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	2	\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$				
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	1,926.46			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/22			
2	FILER NAME North Dallas	Texas Democratic Women				3	Filer ID (Ethics Commission 00055548	n Filers)
4	Date 04/08/2025	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$45.00		
_	Delicalization	Longview, TX 75601	T.	_	Faralas (Caralas trasticas	$\overline{\Gamma}$		
8	Retired	pation / Job title (See Instructions)	g		Employer (See Instructions None	5)		
	Date 01/06/2025	Full name of contributor Bartlett, Margaret Contributor address; City; Sta					Amount of Contribution (\$)	\$75.00
		Richardson, TX 75080						
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  None		5)					
	Date Full name of contributor out-of-state PAC (ID#:) 01/13/2025 Bieg, Tom (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00			
		Dallas, TX 75248						
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions none	5)		
	Date 01/26/2025	Full name of contributor Book, Robert Contributor address; City; Sta Dallas, TX 75240					Amount of Contribution (\$)	\$125.00
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Retired	<u>.                                    </u>		
	Date 01/23/2025	Full name of contributor Brumley, Nancy Contributor address; City; Sta	•				Amount of Contribution (\$)	\$45.00
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Retired	5)		
			-					

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/22	
2	FILER NAME North Dallas	Texas Democratic Women			3	Filer ID (Ethics Commission 00055548	า Filers)
4	Date 04/24/2025	· ————————————————————————————————————		7	Amount of Contribution (\$)	\$75.00	
	Delevieral	Dallas, TX 75248-1707	<u>,                                      </u>	O. Faralana (Caralantina			
8	Principal occu Retired	pation / Job title (See Instructions	)	9 Employer (See Instructions Retired	s)		
	Date 01/11/2025	Full name of contributor Cohen, Carol Contributor address; City; St	out-of-state PAC (ID#:	)	<u>.</u>	Amount of Contribution (\$)	\$45.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions	)	Employer (See Instructions	 s)		
	retired			retired			
	Date Full name of contributor out-of-state PAC (ID#:) 04/07/2025 Dickenson, Gail  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00		
		Dallas, TX 75225					
	Principal occu Attorney	pation / Job title (See Instructions	)	Employer (See Instructions Self	s)		
	Date 06/23/2025	Full name of contributor Franklin, Bob  Contributor address; City; St  Dallas, TX 75248		)		Amount of Contribution (\$)	\$45.00
	Principal occu Professor, re	pation / Job title (See Instructions etired	s)	Employer (See Instructions	<u>I</u> S)		
	Date O3/02/2025  Full name of contributor out-of-state PAC (ID#:)  Gonzalez, Crystal  Contributor address; City; State; Zip Code  Dallas, TX 75230			Amount of Contribution (\$)	\$125.00		
	Principal occu Real Estate	pation / Job title (See Instructions Broker	)	Employer (See Instructions Compass Re Texas	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/22	
2	FILER NAME	Texas Democratic Women			3	Filer ID (Ethics Commission 00055548	n Filers)
_			_		┶		
4	Date 04/07/2025	_ `			Amount of Contribution (\$)	\$45.00	
	Dringing Loop	Farmers Branch, TX 7523		O Franks on (Coo looks of ion			
8		pation / Job title (See Instructions	5)	9 Employer (See Instruction		do manda	
	attorney			Law Offices of Wendell	VVII	.nrow	
	Date 04/07/2025	Full name of contributor Heller, Paul Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$125.00
		Dallas, TX 75244					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instruction Retired	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/15/2025 Heller, Paul  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00		
		Dallas, TX 75244					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instruction	<u> </u>  S)		
	Retired	panon, ees and (ees menasions		Retired	,		
	Date 04/09/2025	Full name of contributor Hirsch, Sharon (Ms.) Contributor address; City; S Addison, TX 75001	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$45.00
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instruction none	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/08/2025 Hytken, Louise  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00		
		Dallas, TX 75248					
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instruction None	ıs)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/22	
2	FILER NAME	Texas Democratic Women			3	Filer ID (Ethics Commission 00055548	n Filers)
_					_		
4	Date 01/23/2025			1	Amount of Contribution (\$)	\$125.00	
		Dallas, TX 75248					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date	Full name of contributor ou	t-of-state PAC (ID#:			Amount of Contribution (\$)	
	01/23/2025	Janak, Judy					\$45.00
		Contributor address; City; State; Zi	p Code				
		Rockwall, TX 75032					
	Principal occupation / Job title (See Instructions) Employer (See Instruction				)		
	Retired Retired						
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)		
	04/07/2025	Kaner, Joseph					\$45.00
		Contributor address; City; State; Zi	p Code				
		Dallas, TX 75248					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Actuary			Globe Life			
	Date	Full name of contributor  uo	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/06/2025	Kapoor, Madhu					\$125.00
		Contributor address; City; State; Zi	p Code				
		Dallas, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired	(		Retired	,		
	Date	Full name of contributor ou	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/22/2025	Lalangas, Donna Ralli					\$45.00
	Contributor address; City; State; Zip Code						
		Dallas, TX 75244					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	attorney			self employed			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/22	
2	FILER NAME North Dallas	Texas Democratic Women			3	Filer ID (Ethics Commission 00055548	n Filers)
4	Date 03/12/2025			7	Amount of Contribution (\$)	\$125.00	
8	Principal occu Retired	Dallas, TX 75230 pation / Job title (See Instructions	<del>)</del>	Employer (See Instruction None	s)		
	Date 02/21/2025	Full name of contributor Link, Kelly Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Dallas, TX 75248  Principal occupation / Job title (See Instructions)  Occupational Theropist  Employer (See Instructions)  Self		<u> </u> s)				
	Date 02/14/2025				Amount of Contribution (\$)	\$125.00	
		Dallas, TX 75224	,		Ĺ		
	Justice	pation / Job title (See Instructions	5)	Employer (See Instruction State of Texas	S)		
	Date 01/06/2025	Full name of contributor  Montgomery, Sally  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$125.00
	Principal occu Judge	Dallas, TX 75244 pation / Job title (See Instructions	s)	Employer (See Instruction State of Texas	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/23/2025 Ring, Marsha  Contributor address; City; State; Zip Code  Dallas, TX 75248			Amount of Contribution (\$)	\$45.00		
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instruction None	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/22		
2	FILER NAME North Dallas	Texas Democratic Women			3	Filer ID (Ethics Commission 00055548	n Filers)
4	Date 06/23/2025	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$45.00	
8	Principal occu Retired	Irving, TX 75061 pation / Job title (See Instructions	s)	9 Employer (See Instructions none	S)		
	Date 01/06/2025	Full name of contributor Stevenson, Mary Jane (M Contributor address; City; S Dallas, TX 75234				Amount of Contribution (\$)	\$45.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/05/2025 Torgenson, Rose  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00		
		Dallas, TX 75244					
	Operations N	pation / Job title (See Instructions Manager	S)	Employer (See Instructions Berkshire Hathaway Ho		Services PenFed	
	Date 03/05/2025	Full name of contributor Torgerson, Rose Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$80.00
	Principal occu Operations N	Dallas, TX 75244  pation / Job title (See Instructions  Manager	5)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/06/2025 Webb, Lenna (Ms.)  Contributor address; City; State; Zip Code  Dallas, TX 75248			Amount of Contribution (\$)	\$300.00		
	Principal occu retired	pation / Job title (See Instructions	s)	Employer (See Instructions none	s)		

TARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1
uction Guide explains how to complete this	forr	m.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/22
s Texas Democratic Women			3	Filer ID (Ethics Commission Filers) 00055548
<ul> <li>5 Full name of contributor  out-of-state PAC (ID#: Wolanow, Carole</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$) \$45.00
Dallas, TX 75230 cupation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)	
		Retired		
	s Texas Democratic Women  5 Full name of contributor out-of-state PAC (ID#: Wolanow, Carole  6 Contributor address; City; State; Zip Code  Dallas, TX 75230	s Texas Democratic Women  5 Full name of contributor  out-of-state PAC (ID#: Wolanow, Carole  6 Contributor address; City; State; Zip Code  Dallas, TX 75230	S Texas Democratic Women  5 Full name of contributor	Inction Guide explains how to complete this form.    3

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt:	North Dallas Texas Democratic Women	00055548
4 Date	5 Payee name	·
01/16/2025	Apple	
6 Amount (\$)	7 Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 9503	14
Expenditure from		
corporate funds	Cupertino, CA 95014	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•
EXPENDITURE	Office Overhead/Rental Expense	Computer upgrade
Date	Payee name	
01/15/2025	Apple	
Amount (\$)	Payee Address; City; State; Zip	
10.81	2024 One Apple Park Way, Cupertino, CA 9503	14
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•
EXPENDITURE	Fees	Computer
Date	Payee name	
01/16/2025	Apple	
Amount (\$)	Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 9503	14
Expenditure from	0	
corporate funds	Cupertino, CA 95014	4)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)  Mice Computer
EXPENDITURE	1 003	Misc. Computer
Date	Payee name	
01/16/2025	Apple	
Amount (\$)	Payee Address; City; State; Zip	
7.57	2024 One Apple Park Way, Cupertino, CA 9503	14
Expenditure from		
corporate funds	Cupertino, TX 95014	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
EXPENDITURE	Office Overhead/Rental Expense	Fee

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/12 Rpt:	North Dallas Texas Democratic Women	00055548
4 Date	5 Payee name	
02/07/2025	Apple	
6 Amount (\$)	7 Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 950	014
Expenditure from corporate funds	Cupertino, CA 95014	
8 PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Misc. Processing
Date	Payee name	<u> </u>
02/14/2025	Apple	
Amount (\$)	Payee Address; City; State; Zip	
7.57	2024 One Apple Park Way, Cupertino, CA 950	014
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE		(See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	M/S 365 Subscription
Date	Payee name	I
02/18/2025	Apple	
Amount (\$)	Payee Address; City; State; Zip	
10.81	2024 One Apple Park Way, Cupertino, CA 950	014
Expenditure from		
corporate funds	Cupertino, CA 95014	<b>,</b>
PURPOSE OF		(See instructions regarding type of information required.)
EXPENDITURE	Office Overhead/Rental Expense	Fees
Date	Payee name	<u> </u>
03/07/2025	Apple	
Amount (\$)	Payee Address; City; State; Zip	
2.99	2024 One Apple Park Way, Cupertino, CA 950	014
Expenditure from		
corporate funds	Cupertino, CA 95014	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Office Overhead/Rental Expense	Fees
EXI ENDITORE		

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 3/12 Rpt:	North Dallas Texas Democratic Women 00055548					
4	Date	5 Payee name					
	03/17/2025	Apple					
6	Amount (\$)	7 Payee Address; City; State; Zip					
	10.81	2024 One Apple Park Way, Cupertino, CA 95014					
	Expenditure from corporate funds	Cupertino, CA 95014					
8	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
	OF EXPENDITURE	Office Overhead/Rental Expense Fees					
	EXI ENDITORE						
	Date	Payee name					
	03/17/2025	Apple					
	Amount (\$)	Payee Address; City; State; Zip					
	10.81	2024 One Apple Park Way, Cupertino, CA 95014					
_	Expenditure from						
	corporate funds	Cupertino, CA 95014					
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
	EXPENDITURE	Office Overhead/Rental Expense Fees					
	Date	Payee name					
	04/07/2025	Apple					
	Amount (\$)	Payee Address; City; State; Zip					
	2.99	2024 One Apple Park Way, Cupertino, CA 95014					
_	Expenditure from						
_	corporate funds	Cupertino, CA 95014					
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)  Office Overhead/Rental Expense Fees					
	EXPENDITURE	Office Overhead/Rental Expense Fees					
	Date	Payee name					
	04/16/2025	Apple					
	Amount (\$)	Payee Address; City; State; Zip					
	10.81	2024 One Apple Park Way, Cupertino, CA 95014					
_	Expenditure from						
L	corporate funds	Cupertino, CA 95014					
_	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
	OF EXPENDITURE	Office Overhead/Rental Expense Fees					
		<u>l</u>					

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: Sch: 4/12 Rpt:	2 FILER NAME North Dallas Texas Democratic Women		3 Filer ID (Ethics Commission Filers) 00055548		
4 Date	5 Payee name		•		
04/17/2025	Apple				
6 Amount (\$)	7 Payee Address; City; State; Zip				
10.81	2024 One Apple Park Way, Cupertino, CA 95014				
Expenditure from corporate funds	Cupertino, CA 95014				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· ·	(See instructions regarding type of information required.)		
OF EXPENDITURE	Office Overhead/Rental Expense	Fees			
Date	Payee name				
05/07/2025	Apple				
Amount (\$)	Payee Address; City; State; Zip				
2.99	2024 One Apple Park Way, Cupertino, CA 950:	14			
Expenditure from					
corporate funds	Cupertino, CA 95014	-			
PURPOSE OF	l l	(b) Description	(See instructions regarding type of information required.)		
EXPENDITURE	Office Overhead/Rental Expense	Fee			
Date	Payee name				
05/16/2025	Apple				
Amount (\$)	Payee Address; City; State; Zip				
10.81	2024 One Apple Park Way, Cupertino, CA 950:	14			
Expenditure from	- " 0.0504				
corporate funds	Cupertino, CA 95014				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description	(See instructions regarding type of information required.)		
EXPENDITURE	Office Overhead/Rental Expense	Fees			
Date	Payee name				
05/19/2025	Apple				
Amount (\$)	Payee Address; City; State; Zip				
	2024 One Apple Park Way, Cupertino, CA 950:	14			
10.81	7, 7				
Expenditure from corporate funds	Cupertino, CA 95014				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.)		
OF EXPENDITURE	Office Overhead/Rental Expense	Fees			
EXI ENDITORE					

The Instruction Guide explains how to					
	The Instruction Guide explains how to complete this form.				
2 FILER NAME North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548				
5 Payee name	<u> </u>				
Apple					
7 Payee Address; City; State; Zip					
2024 One Apple Park Way, Cupertino, CA 95014					
Cupertino, CA 95014					
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.)  Fees				
Payee name					
Apple					
Payee Address; City; State; Zip					
2024 One Apple Park Way, Cupertino, CA 9501	4				
<u> </u>					
1, ,	(b) Description (See instructions regarding type of information required.)				
Office Overhead/Rental Expense	Fees				
Payee name					
Benchmark Email					
Payee Address; City; State; Zip					
10621 Calle Lee Bld.					
#141					
Los Alamitos, CA 90720					
(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
	(b) Description (See instructions regarding type of information required.)  Communications Program				
(a) Category (See instructions for examples of acceptable categories)	•				
(a) Category (See instructions for examples of acceptable categories)	•				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	•				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name	•				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite	•				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite  Payee Address; City; State; Zip	•				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite  Payee Address; City; State; Zip 2 Ave. de Lafayette  Boston, MA 02111	Communications Program				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite  Payee Address; City; State; Zip 2 Ave. de Lafayette  Boston, MA 02111  (a) Category (See instructions for examples of acceptable categories)	Communications Program  (b) Description (See instructions regarding type of information required.)				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite  Payee Address; City; State; Zip 2 Ave. de Lafayette  Boston, MA 02111	Communications Program				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite  Payee Address; City; State; Zip 2 Ave. de Lafayette  Boston, MA 02111  (a) Category (See instructions for examples of acceptable categories)	Communications Program  (b) Description (See instructions regarding type of information required.)				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite  Payee Address; City; State; Zip 2 Ave. de Lafayette  Boston, MA 02111  (a) Category (See instructions for examples of acceptable categories)	Communications Program  (b) Description (See instructions regarding type of information required.)				
(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Carbonite  Payee Address; City; State; Zip 2 Ave. de Lafayette  Boston, MA 02111  (a) Category (See instructions for examples of acceptable categories)	Communications Program  (b) Description (See instructions regarding type of information required.)				
	Apple 7 Payee Address; City; State; Zip 2024 One Apple Park Way, Cupertino, CA 9501 Cupertino, CA 95014  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Apple Payee Address; City; State; Zip 2024 One Apple Park Way, Cupertino, CA 9501 Cupertino, CA 95014  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  Payee name Benchmark Email Payee Address; City; State; Zip 10621 Calle Lee Bld.				

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 6/12 Rpt:	2 FILER NAME North Dallas Texas Democratic Women 3 Filer ID (Ethics Commission Filers) 00055548			
4 Date 02/18/2025	5 Payee name Carbonite			
6 Amount (\$) 11.45	7 Payee Address; City; State; Zip 2 Ave. de Lafayette			
Expenditure from corporate funds	Boston, MA 02111			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Computer Backup Service			
Date 03/17/2025	Payee name Carbonite			
Amount (\$)  11.45  Expenditure from corporate funds	Payee Address; City; State; Zip 2 Ave. de Lafayette  Boston, MA 02111			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Computer Backup			
Date	Payee name			
04/16/2025 Amount (\$)	Carbonite  Payee Address; City; State; Zip			
11.45	2 Ave. de Lafayette			
Expenditure from corporate funds	Boston, MA 02111			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.)  Computer Backup			
Date 05/16/2025	Payee name  Carbonite			
05/16/2025 Amount (\$)	Payee Address; City; State; Zip			
11.45	2 Ave. de Lafayette			
Expenditure from corporate funds	Boston, MA 02111			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Computer Backup			

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 7/12 Rpt:	FILER NAME     North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548		
4 Date 06/16/2025	5 Payee name Carbonite			
6 Amount (\$)  11.45  Expanditure from	7 Payee Address; City; State; Zip 2 Ave. de Lafayette			
Expenditure from corporate funds	Boston, MA 02111			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Com	cription (See instructions regarding type of information required.)  nputer Backup		
Date 01/06/2025	Payee name Go Daddy			
Amount (\$)  264.02  Expenditure from	Payee Address; City; State; Zip 14455 M Jaudem Rd #226			
corporate funds	Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense Web	·		
Date 01/06/2025	Payee name Go Daddy.com			
Amount (\$)  153.25  Expenditure from corporate funds	Payee Address; City; State; Zip 14455 N Hayden Rd Ste 100 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Advertising Expense  Web	•		
Date 04/14/2025	Payee name Go Daddy.com			
Amount (\$)  38.25  Expenditure from corporate funds	Payee Address; City; State; Zip 14455 N Hayden Rd Ste 100 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Office Overhead/Rental Expense  Web	•		

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Total pages Schedule I:     Sch: 8/12 Rpt:	2 FILER NAME North Dallas Texas Democratic Women 3 Filer ID (Ethics Commission Filers) 00055548			
4 Date 04/11/2025	5 Payee name Jotform			
6 Amount (\$)  53.30  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee Address; City; State; Zip 4 Embarcadero Center Suite 780 San Francisco, CA 94111  (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Information Collection Software			
Date 02/06/2025	Payee name Mettam, Tiffany			
Amount (\$)  114.00  Expenditure from corporate funds	Payee Address; City; State; Zip 2002 Apollo Rd.  Richardson, TX 75081			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor  (b) Description (See instructions regarding type of information required.) Social Media Posting			
Date 04/21/2025	Payee name Mettam, Tiffany			
Amount (\$)  111.00  Expenditure from	Payee Address; City; State; Zip 2002 Apollo Rd.  Richardson, TX 75081			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  (b) Description (See instructions regarding type of information required.) Social Media Posting			
Date 04/27/2025	Payee name Pay Pal, Inc			
Amount (\$)  37.73  Expenditure from corporate funds	Payee Address; City; State; Zip 2211 N First San Joe, CA 95131			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.)  Processing Fees			

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 9/12 Rpt:	North Dallas Texas Democratic Women	00055548		
4 Date	5 Payee name			
02/05/2025	Texas Democratic Women (TDW)			
6 Amount (\$)	7 Payee Address; City; State; Zip			
320.00	PO Box 3784,			
Expenditure from corporate funds	McAllen, TX 78502-3784			
8 PURPOSE		(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Fees	Membership Fees		
Data	Davisa nama			
Date 01/13/2025	Payee name Tom Thumb			
Amount (\$)	Payee Address; City; State; Zip 1380 W Campbell Rd			
19.84	1300 W Campbell Nu			
Expenditure from corporate funds	Richardson, TX 75080			
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Event Expense	Misc for Party		
EXPENDITURE				
Date	Payee name			
01/10/2025	Total Wine & More			
Amount (\$)	Payee Address; City; State; Zip			
34.02	9350 N Central Expressway			
Expenditure from	Dallas, TX 75231			
corporate funds		(b) Description (See instructions regarding type of information required.)		
PURPOSE OF	Event Expense	(b) Description (See instructions regarding type of information required.)  Drinks for Party		
EXPENDITURE		Diffice for Fairly		
Date	Payee name			
04/21/2025	Webb, Lenna			
Amount (\$)	Payee Address; City; State; Zip			
125.00	17201 Hidden Glen Dr.			
Expenditure from				
corporate funds	Dallas, TX 75248			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•		
EXPENDITURE	Salaries/Wages/Contract Labor	Accounting		

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The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 10/12 Rpt:	FILER NAME     North Dallas Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055548		
4 Date	5 Payee name			
02/04/2025	Webb, Lenna (Ms.)			
6 Amount (\$)	7 Payee Address; City; State; Zip			
50.00	17201 Hidden Glen Drive			
Expenditure from corporate funds	Dallas, TX 75248			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b Salaries/Wages/Contract Labor	) Description (See instructions regarding type of information required.)  Accounting		
Date	Payee name			
02/12/2025	Webb, Lenna (Ms.)			
Amount (\$)	Payee Address; City; State; Zip			
50.00	17201 Hidden Glen Drive			
Expenditure from				
corporate funds	Dallas, TX 75248			
PURPOSE OF		Description (See instructions regarding type of information required.)		
EXPENDITURE	Salaries/Wages/Contract Labor	Accounting		
Date	Payee name			
02/18/2025	Webb, Lenna (Ms.)			
Amount (\$)	Payee Address; City; State; Zip	_		
25.00	17201 Hidden Glen Drive			
Expenditure from				
corporate funds	Dallas, TX 75248			
PURPOSE OF		Description (See instructions regarding type of information required.)		
EXPENDITURE	Salaries/Wages/Contract Labor	Accounting		
Date	Payee name			
01/13/2025	Zoom Video Communications, Inc.			
Amount (\$)	Payee Address; City; State; Zip			
17.05	55 Almaden Blvdl			
Expenditure from	6th Floor			
corporate funds	San Jose, CA 75113			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b Fees	•		
EXPENDITURE	rees	On line meetings		

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: Sch: 11/12 Rpt:	2 FILER NAME North Dallas Texas Democratic Women  3 Filer ID (Ethics Commission Filers) 00055548				
4 Date 02/11/2025	5 Payee name Zoom Video Communications, Inc.				
6 Amount (\$)  17.05  Expenditure from corporate funds	7 Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Video Conferencing				
Date 03/11/2025	Payee name Zoom Video Communications, Inc.				
Amount (\$)  17.05  Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.)  Video Conferencing				
Date 04/11/2025	Payee name Zoom Video Communications, Inc.				
Amount (\$)  17.05  Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Video Conferencing				
Date 05/12/2025	Payee name Zoom Video Communications, Inc.				
Amount (\$)  17.05  Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvdl 6th Floor San Jose, CA 75113				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense  (b) Description (See instructions regarding type of information required.) Video Conferencing				

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1	Total pages Schedule I: Sch: 12/12 Rpt:	2	FILER NAME North Dallas Texas Democratic Women	3	Filer ID 00055548	(Ethics Commission Filers)
4	Date 06/11/2025	5	Payee name Zoom Video Communications, Inc.			
6	Amount (\$)  18.12  Expenditure from corporate funds	7	Payee Address; City; State; Zip  55 Almaden Blvdl 6th Floor San Jose, CA 75113			
8	PURPOSE OF EXPENDITURE	(a)	Office Overhead/Rental Expense  (b) Description  Video Confere	•	-	ng type of information required.)
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