

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) 00018755	2 Total pages filed: 8	
3 COMMITTEE NAME Central Austin Democrats			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 07/14/2025	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
4 COMMITTEE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6112 Highlandale Drive AUSTIN, TX 78731			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Ann M. NICKNAME LAST SUFFIX Denkler			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6112 Highlandale Dr. Austin, TX 78731			
7 CAMPAIGN TREASURER MAILING ADDRESS ☐ Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6112 Highlandale Dr. Austin, TX 78731			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 905-2992			
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Dissolution (Attach PAC-DR) ☒ July 15 ☐ 8th day before election ☐ 10th day after campaign treasurer termination ☐ Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other ☐ General ☒ Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Central Austin Democrats	13 Filer ID (Ethics Commission Filers) 00018755
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,419.79
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.

Ms. Ann M. Denkler

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

17 COMMITTEE NAME Central Austin Democrats		18 Filer ID (Ethics Commission Filers) 00018755
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 75.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	☐ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	☐ SCHEDULE E: LOANS	\$
10.	☐ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	☒ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 62.60
15.	☐ 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: 1/2 Rpt: 4/8
2 FILER NAME Central Austin Democrats		3 Filer ID (Ethics Commission Filers) 00018755
4 Date 01/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bray, Tim 6 Contributor address; City; State; Zip Code austin, TX 78751	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) policy aide		9 Employer (See Instructions) city of austin
Date 05/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jeffers, Tanisa Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Travis County
Date 01/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Korgel, Skyler Contributor address; City; State; Zip Code Austin, TX 78653	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Policy Aide		Employer (See Instructions) State Representative
Date 06/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marzullo, Amanda Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) McGiverin, Brian Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Central Austin Democrats		3 Filer ID (Ethics Commission Filers) 00018755
4 Date 06/17/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Parks, Ciera 6 Contributor address; City; State; Zip Code Manor, TX 78653	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Texas Board of Legal Examiners

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 6/8	2 FILER NAME Central Austin Democrats	3 Filer ID (Ethics Commission Filers) 00018755
4 Date 01/05/2025	5 Payee name Act Blue	
6 Amount (\$) 0.40 ☐ Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer St Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Collection Fee
Date 01/10/2025	Payee name Act Blue	
Amount (\$) 1.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Collection Fee
Date 05/15/2025	Payee name Act Blue	
Amount (\$) 0.40 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Collection Fee
Date 06/26/2025	Payee name Act Blue	
Amount (\$) 0.80 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Collection Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt: 7/8	2 FILER NAME Central Austin Democrats	3 Filer ID (Ethics Commission Filers) 00018755
4 Date 01/31/2025	5 Payee name Frost Bank	
6 Amount (\$) 10.00 ☐ Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 1727 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Service Charge
Date 02/28/2025	Payee name Frost Bank	
Amount (\$) 10.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Service Charge
Date 03/31/2025	Payee name Frost Bank	
Amount (\$) 10.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Service Fee
Date 04/30/2025	Payee name Frost Bank	
Amount (\$) 10.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Service Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt: 8/8	2 FILER NAME Central Austin Democrats	3 Filer ID (Ethics Commission Filers) 00018755
4 Date 05/31/2025	5 Payee name Frost Bank	
6 Amount (\$) 10.00 ☐ Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 1727 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Service Fee
Date 06/30/2025	Payee name Frost Bank	
Amount (\$) 10.00 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1727 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Service Fee