#### 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) 00083026 3 COMMITTEE NAME **OFFICE USE ONLY** Workers Defense Action Fund PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 143001 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78714 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Lizeth NAME NICKNAME LAST **SUFFIX** Chacon STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5604 Manor Road STREET **ADDRESS** (Residence or Business) Austin, TX 78723 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5604 Manor Road MAILING **ADDRESS** Austin, TX 78723 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 657-3924 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

		1			
2 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)		
Workers Defense Ac	tion Fund PAC		00083026		
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 Magaziras	A. Supported			
	Measures  (Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA		\$		
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)	ľ	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	4. TOTAL POLITICAL EXPENDITURES			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	28,779.45	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00	
6 AFFIDAVIT					
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.			
			h Chacon		
		Signature of Car	npaign Treast	irer	
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said _	, th	is the	day	
		which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Little of office	cer administering oath	

## **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

				3 of 14
		EE NAME Defense Action Fund PAC	<b>18</b> Filer ID 00083026	(Ethics Commission Filers)
<b>19</b> SCI	HEDULI	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.		SCHEDULE E: LOANS	\$	
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 5,077.30
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	 ONS	\$
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	<b>\$</b> 133.45

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete t	his form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 1/9 Rpt: 4/14	Workers Defense A	ction Fund PAC			00083026			
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED		1.			
	ISSUER	University Fede	eral Credit Union		DITURES ED TO A CREDIT	-  \$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
	Expenditure from corporate funds	\$21.31	05/05/2025						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		SurePayroll		2350 Ray Suite100 Glenview	rine Way , IL 60025				
8	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE Political	(See Categories listed at the top Fees	of this schedule)	Payroll p	ocessing fee				
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
	Expenditure from corporate funds	\$3,675.00	01/27/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Maxwell Locke & Ritter Recurring		itter Recurring	PO Box 2	24421				
				Dallas, T	X 75222				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip					
	EXPENDITURE  Political	Accounting/Banking	or this scriedule)	990 preparation					
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
	Expenditure from corporate funds	\$20.00	01/31/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		University Federal (	Credit Union	PO Box 9	350				
				Austin, T					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip					
	EXPENDITURE	Accounting/Banking	or this scriedule)	Banking I	-ee				
	Political								
	X Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	esought		Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this for	rm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
Sch: 2/9 Rpt: 5/14	Workers Defense A	Action Fund PAC			00083026		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UI EXPENDITUR CHARGED TO CARD	RES	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid		
Expenditure from corporate funds	\$69.29	03/24/2025					
7 PAYEE	(a) Payee name		(b) Payee addres	ss;	City,	State,	Zip Code
	Intuit Quickbooks		2632 Marine V	Vay			
			Mountainview,	CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
Political	Accounting/Banking  Bookkeeping subscription						
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX, o	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sou			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid		
Expenditure from corporate funds	\$20.00	04/30/2025					
PAYEE	(a) Payee name	•	(b) Payee addres	ss;	City,	State,	Zip Code
	University Federal Credit Union		PO Box 9350				
			Austin, TX 787	'66			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Accounting/Banking	of this schedule)	Banking fee				
Political	7.000driang/Banking						
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid		
Expenditure from corporate funds	\$107.45	06/01/2025					
PAYEE	(a) Payee name		(b) Payee addres	ss;	City,	State,	Zip Code
			1600 Amphithe	eatre Parkwa	ay		
	Google Suites						
			Mountainview,	CA 94043			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Email subscrip	tion			
Political							
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F4: Sch: 3/9 Rpt: 6/14 Workers Defense Action Fund PAC  4 CREDIT CARD ISSUER  Name of financial institution See previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  6 PAYMENT (a) Amount Charged (b) Date of Charge O1/01/2025  7 PAYEE  (a) Payee name  Google Suites  (b) Payee address; City, 1600 Amphitheatre Parkway  Mountainview, CA 94043	r ID (Ethics Commission Filers)					
4 CREDIT CARD ISSUER  Name of financial institution see previous  See previous  (a) Amount Charged \$107.45  (b) Date of Charge Corporate funds  (c) Date(s) Credit Card Issuer Paid  (d) Payee name  (a) Payee name  (a) Payee name  (b) Payee address; City, 1600 Amphitheatre Parkway	0026					
See previous  EXPENDITURES CHARGED TO A CREDIT CARD  (a) Amount Charged Stependiture from corporate funds  (b) Date of Charge O1/01/2025  (c) Date(s) Credit Card Issuer Paid  (d) Payee name (e) Payee address; City, 1600 Amphitheatre Parkway	0020					
Expenditure from corporate funds \$107.45 01/01/2025  7 PAYEE (a) Payee name (b) Payee address; City, 1600 Amphitheatre Parkway						
7 PAYEE (a) Payee name (b) Payee address; City, Google Suites 1600 Amphitheatre Parkway						
Google Suites (6) Fayes tadress, Sky, 1600 Amphitheatre Parkway						
Google Suites	State, Zip Code					
Mountainview, CA 94043						
8 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) (See Categories listed at the top of this schedule) Email (b) Description Email subscription						
X Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder	er living expense					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office	held					
expenditure to benefit C/OH						
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid						
Expenditure from corporate funds \$21.31 01/03/2025						
PAYEE (a) Payee name (b) Payee address; City,	State, Zip Code					
SurePayroll  SurePayroll  2350 Ravine Way Suite100 Glenview, IL 60025						
PURPOSE OF (a) Category (b) Description						
EXPENDITURE  (See Categories listed at the top of this schedule)  Payroll processing fee  Pees						
When paired	B. do					
expenditure to benefit C/OH	: Helu					
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid						
Expenditure from corporate funds \$21.31 04/03/2025						
PAYEE (a) Payee name (b) Payee address; City,	State, Zip Code					
SurePayroll 2350 Ravine Way						
Suite100						
Glenview, IL 60025						
PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)  Payroll processing fee						
Payroll processing fee	Payroll processing fee					
X Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholds	er living expense					
Complete ONLY if direct candidate/Officeholder name Office sought Office expenditure to benefit C/OH	e held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 4/9 Rpt: 7/14	Workers Defense A	action Fund PAC		00083026				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
Expenditure from corporate funds	\$107.45	02/01/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Google Suites		1600 Amphitheatre Parkv	vay				
			Mountainview, CA 94043					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political	Email	or this seriedate)	Email subscription					
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
Expenditure from corporate funds	\$69.29	04/24/2025						
PAYEE (a) Payee name		•	(b) Payee address;	City, State, Zip Code				
	Intuit Quickbooks							
			Mountainview, CA 94043					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Accounting/Banking	of this schedule)	Bookkeeping subscription					
Political	7 tooodilang/Danking							
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
Expenditure from corporate funds	\$69.29	05/24/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	10.70.511		2632 Marine Way					
	Intuit Quickbooks							
			Mountainview, CA 94043					
PURPOSE OF	(a) Category (See Categories listed at the top	-f. doi:	(b) Description					
EXPENDITURE	Accounting/Banking	of this schedule)	Bookkeeping subscription	1				
Political	g, =g							
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 5/9 Rpt: 8/14	Workers Defense A	action Fund PAC			00083026			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	Paid			
	Expenditure from corporate funds	\$69.29	01/24/2025						
7	PAYEE	(a) Payee name  Intuit Quickbooks		(b) Payee 2632 Ma	rine Way	City,	State,	Zip Code	
Ļ	DUDDOCE OF	(a) Catagony		(b) Descrip	nview, CA 94043				
8	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)		ping subscription				
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	Paid			
	Expenditure from corporate funds	\$20.00	02/28/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		University Federal	University Federal Credit Union		9350				
L				Austin, TX 78766					
	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Descrip Banking					
	X Non-Political	(a)	of Towns Committee Calcadula T		Oha alla if Assaria TV	-#:			
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1X,	officeholder living exp	ense		
е	expenditure to benefit C/OH	Garialdate/Officeriolaer	That Office	c sought		Office field			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid			
	Expenditure from corporate funds	\$20.00	05/31/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		University Federal	Credit Union	PO Box 9	9350				
L				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Descrip Banking					
	Political	, isosanting, banking							
L	X Non-Political	(c) Check if travel outside	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeho				ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
1									

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (	Ethics Commis	sion Filers)			
Sch: 6/9 Rpt: 9/14	Workers Defense A	ction Fund PAC		00083026					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S <b> \$</b>					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid					
Expenditure from corporate funds	\$21.31	06/03/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	0		2350 Ravine Way	У					
	SurePayroll		Suite100						
			Glenview, IL 6002	25					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Payroll processing fee						
Political									
X Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX				if Austin, TX, officeholder living	g expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	<u> </u>				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid					
Expenditure from corporate funds	\$94.00	06/13/2025							
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code			
	Aguayo, Fabiola			7700 N. Capital of Texas Hwy Apt. #123					
			Austin, TX 78731						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		Reimbursement f	or PO box renewal					
Political	Loan Repayment/Rei	mbursement							
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living	g expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid					
Expenditure from corporate funds	\$21.31	02/03/2025							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
			2350 Ravine Way	y					
	SurePayroll		Suite100						
			Glenview, IL 6002	25					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Payroll processin	g fee					
Political	1 003								
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, officeholder living	g expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)				
	Sch: 7/9 Rpt: 10/14	Workers Defense A	action Fund PAC			00083026						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	Expenditure from corporate funds	\$69.29	02/24/2025									
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
		Intuit Quickbooks		2632 Mar	•							
Ļ	DUDDOS 05	(a) Cataman			view, CA 94043							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description o of this schedule)  Bookkeeping subscription									
	Political	Accounting/Banking		DOOKKEE	onig Subscription							
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	C, officeholder living expense						
		Candidate/Officeholder	name Office	e sought		Office held						
е	xpenditure to benefit C/OH		1	1								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	Expenditure from corporate funds	\$107.45	03/01/2025									
	PAYEE	(a) Payee name (b) Payee address;		address;	City,	State,	Zip Code					
		Google Suites			1600 Amphitheatre Parkway							
					view, CA 94043							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Email	of this schedule)	(b) Description Email subscription								
	Political	Linaii										
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	Expenditure from corporate funds	\$21.31	03/03/2025									
	PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code				
		0		2350 Rav	ine Way							
		SurePayroll		Suite100								
				Glenview, IL 60025								
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip								
	EXPENDITURE	Fees	of this scriedule)	Payroll pr	ocessing fee							
	Political											
L	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
е	xpenditure to benefit C/OH											

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete	this form.		,	,		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 8/9 Rpt: 11/14	Workers Defense A	ction Fund PAC			00083026				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
	Expenditure from corporate funds	\$20.00	03/31/2025							
7	PAYEE	(a) Payee name University Federal (	Credit Union	(b) Payee PO Box 9 Austin, T	9350	City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE  Political	(See Categories listed at the top Accounting/Banking	of this schedule)	Banking						
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	x, officeholder living expense				
<b>9</b> e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
	Expenditure from corporate funds	\$107.45	04/01/2025							
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		Google Suites		1600 Amphitheatre Parkway						
					view, CA 94043					
	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Email	of this schedule)	(b) Descrip Email sul	otion bscription					
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX.	officeholder living expe	ense			
	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
	Expenditure from corporate funds	\$107.45	05/01/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Google Suites		1600 Am	phitheatre Parkw	ay				
				Mountair	view, CA 94043					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	Political	Email		Email subscription						
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living expe	ense			
	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held				
е	xpenditure to benefit C/OH			-						

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Onicendiden/Fonitica	· ·	ruction Guide explains how	· ·	THEN (enter a category not listed	above)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics Commis	ssion Filers)
_	Sch: 9/9 Rpt: 12/14	Workers Defense A	ction Fund PAC		00083026	,
4	CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	Expenditure from corporate funds	\$69.29	06/24/2025			
7	PAYEE	(a) Payee name  Intuit Quickbooks		(b) Payee address; 2632 Marine Way Mountainview, CA 94043	City, State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Description		
	EXPENDITURE  (See Categories listed at the top of this schedule) Accounting/Banking  (See Categories listed at the top of this schedule) Accounting/Banking					
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
e	xpenditure to benefit C/OH					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
	Expenditure from corporate funds	\$20.00	06/30/2025			
	PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
		University Federal (	Credit Union	PO Box 9350		
	PURPOSE OF	(a) Category		Austin, TX 78766 (b) Description		
	EXPENDITURE  Political	(See Categories listed at the top Accounting/Banking	of this schedule)	Banking fee		
	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	Office held	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		1		pages Scho 1/2 Rpt: 1		
2	FILER NAME				3			Commission	n Filers)
ı	Workers Def	fen	se Action Fund PAC			8000	3026		
4	Date 03/15/2025		Name of person from whom amount is received  Texas Mutual Insurance  Address of person from whom amount is received; City; State; Zip Code				<b>8</b> Amou	unt (\$)	\$126.00
			Austin, TX 78723						
		7	Purpose for which amount is received	Check if po	litio	cal cor	tribution re	turned to file	r
Г	Date	Т	Name of person from whom amount is received				Amou	unt (\$)	
l	01/31/2025		UFCU						\$1.41
l		ļ	Address of person from whom amount is received; City; State; Zip Code		••••		·· <del> </del>		
			Austin, TX 78766						
		Г	Purpose for which amount is received	Check if po	litio	cal cor	tribution re	turned to file	r
l			<b>_</b>	·					
⊨	Dete	$\frac{1}{1}$	Name of margan from whom amount is received				1 A	····· (Φ)	
l	Date		Name of person from whom amount is received UFCU				Amol	unt (\$)	ф1 1 <i>4</i>
l	02/28/2025								\$1.14
l		Address of person from whom amount is received; City; State; Zip Code							
l			A ( ) . TV 70700						
l		L	Austin, TX 78766						
l				Check if po	litio	cal cor	tribution re	turned to file	r
			Interest						
Г	Date		Name of person from whom amount is received				Amou	unt (\$)	
l	03/31/2025		UFCU						\$1.26
l		ļ	Address of person from whom amount is received; City; State; Zip Code						
l									
l									
l			Austin, TX 78766						
l		$\vdash$	Purpose for which amount is received	Check if po	litio	cal cor	tribution re	turned to file	r
l			Interest	·					
F	Date	╁	Name of person from whom amount is received				Amou	unt (\$)	
l	04/30/2025		UFCU				Amot	лп (Ф)	\$1.21
l	04/30/2023	ļ							Ψ1.Ζ1
l			Address of person from whom amount is received; City; State; Zip Code						
l									
			Austin TV 70766						
			Austin, TX 78766				<u> </u>		
				Check if po	litio	cal cor	tribution re	turned to file	r
L			Interest						

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 14/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Workers Defense Action Fund PAC 00083026 8 Amount (\$) Date 5 Name of person from whom amount is received 05/31/2025 **UFCU** \$1.24 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 Purpose for which amount is received Check if political contribution returned to filer Name of person from whom amount is received Amount (\$) Date 06/30/2025 **UFCU** \$1.19 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 Purpose for which amount is received Check if political contribution returned to filer Interest