

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

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|--|--|--|---|--|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00083026 | 2 Total pages filed: 15 | |
| 3 COMMITTEE NAME Workers Defense Action Fund PAC | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 143001 Austin, TX 78714 | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Ms. Lizeth NICKNAME LAST SUFFIX Chacon | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5604 Manor Road Austin, TX 78723 | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5604 Manor Road Austin, TX 78723 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (469) 657-3924 | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025 | | | |
| 11 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | | |
|---|--|--|
| 12 COMMITTEE NAME Workers Defense Action Fund PAC | | 13 Filer ID (Ethics Commission Filers) 00083026 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| 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 | \$ 22,983.05 |
| 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. Lizeth Chacon

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 15

| | | |
|---|--|---|
| 17 COMMITTEE NAME Workers Defense Action Fund PAC | | 18 Filer ID (Ethics Commission Filers) 00083026 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 6,062.20 |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 265.80 |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|----------------------------------|---|--|
| 1 Total pages Schedule F4: Sch: 1/10 Rpt: 4/15 | | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution University Federal Credit Union | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$21.31 | (b) Date of Charge 10/03/2025 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name SurePayroll | | (b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025 | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Payroll processing fee | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$3,850.00 | (b) Date of Charge 11/04/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Maxwell Locke & Ritter Recurring | | (b) Payee address; City, State, Zip Code PO Box 224421 Dallas, TX 75222 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description 990 Preparation | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$20.00 | (b) Date of Charge 11/30/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name University Federal Credit Union | | (b) Payee address; City, State, Zip Code PO Box 9350 Austin, TX 78766 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Banking fee | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 2/10 Rpt: 5/15 | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$125.36 | (b) Date of Charge 12/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google Suites | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Email | | (b) Description Email subscription |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$69.29 | (b) Date of Charge 07/24/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Intuit Quickbooks | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Bookkeeping subscription |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$20.00 | (b) Date of Charge 07/31/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name University Federal Credit Union | | (b) Payee address; City, State, Zip Code PO Box 9350 Austin, TX 78766 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Banking fee |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | |
|---|---|---|---|---|
| 1 Total pages Schedule F4: Sch: 3/10 Rpt: 6/15 | | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$21.31 | (b) Date of Charge 08/04/2025 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | (a) Payee name SurePayroll | | (b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025 | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Payroll processing fee | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$20.00 | (b) Date of Charge 08/31/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | (a) Payee name University Federal Credit Union | | (b) Payee address; City, State, Zip Code PO Box 9350 Austin, TX 78766 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Banking fee | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$21.31 | (b) Date of Charge 09/04/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | (a) Payee name SurePayroll | | (b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Payroll processing fee | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|----------------------------------|---|--|
| 1 Total pages Schedule F4: Sch: 4/10 Rpt: 7/15 | | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$94.00 | (b) Date of Charge 09/30/2025 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name United States Postal Service | | (b) Payee address; City, State, Zip Code 8225 Cross Park Dr Austin, TX 78710 | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Mailing | | (b) Description Post office box fee | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$125.36 | (b) Date of Charge 11/01/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Google Suites | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Email | | (b) Description Email subscription | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$21.31 | (b) Date of Charge 11/03/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name SurePayroll | | (b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Payroll processing fee | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 5/10 Rpt: 8/15 | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$107.45 | (b) Date of Charge 07/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Google Suites | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Email | | (b) Description Email subscription |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$21.31 | (b) Date of Charge 07/03/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name SurePayroll | | (b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Payroll processing fee |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$120.73 | (b) Date of Charge 08/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Google Suites | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Email | | (b) Description Email subscription |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|----------------------------------|--|--|
| 1 Total pages Schedule F4: Sch: 6/10 Rpt: 9/15 | | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$275.00 | (b) Date of Charge 09/30/2025 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name Sandler, Reiff, Lamb, Rosenstein | | (b) Payee address; City, State, Zip Code 1090 Vermont Ave. N Suite 750 Washington, TX 20005 | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Legal Services | | (b) Description Attorney fees | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$125.36 | (b) Date of Charge 10/01/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Google Suites | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Email | | (b) Description Email subscription | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$79.95 | (b) Date of Charge 10/24/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Intuit Quickbooks | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Bookkeeping subscription | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|----------------------------------|---|--|
| 1 Total pages Schedule F4: Sch: 7/10 Rpt: 10/15 | | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$418.00 | (b) Date of Charge 08/21/2025 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name Texas Mutual Insurance | | (b) Payee address; City, State, Zip Code 2200 Aldrich Austin, TX 78723 | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Insurance | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$69.29 | (b) Date of Charge 08/24/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Intuit Quickbooks | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Bookkeeping subscription | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | | (a) Amount Charged \$125.36 | (b) Date of Charge 09/01/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Google Suites | | (b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Email | | (b) Description Email subscription | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 8/10 Rpt: 11/15 | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$20.00 | (b) Date of Charge 09/30/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name University Federal Credit Union | | (b) Payee address; City, State, Zip Code PO Box 9350 Austin, TX 78766 |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Banking fee |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$20.00 | (b) Date of Charge 10/31/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name University Federal Credit Union | | (b) Payee address; City, State, Zip Code PO Box 9350 Austin, TX 78766 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Banking fee |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$21.31 | (b) Date of Charge 12/03/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name SurePayroll | | (b) Payee address; City, State, Zip Code 2350 Ravine Way Suite100 Glenview, IL 60025 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Payroll processing fee |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 9/10 Rpt: 12/15 | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$79.95 | (b) Date of Charge 12/24/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Intuit Quickbooks | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Bookkeeping subscription |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$20.00 | (b) Date of Charge 12/31/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name University Federal Credit Union | | (b) Payee address; City, State, Zip Code PO Box 9350 Austin, TX 78766 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Banking fee |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$69.29 | (b) Date of Charge 09/24/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Intuit Quickbooks | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043 |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Bookkeeping subscription |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 10/10 Rpt: 13/15 | 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds | (a) Amount Charged \$79.95 | (b) Date of Charge 11/24/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Intuit Quickbooks | | (b) Payee address; City, State, Zip Code 2632 Marine Way Mountainview, CA 94043 |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Bookkeeping subscription |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 14/15 |
| 2 FILER NAME Workers Defense Action Fund PAC | | 3 Filer ID (Ethics Commission Filers) 00083026 |
| 4 Date 07/31/2025 | 5 Name of person from whom amount is received Texas Mutual Insurance | 8 Amount (\$) \$259.07 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78723 | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 07/31/2025 | Name of person from whom amount is received UFCU | Amount (\$) \$1.22 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |
| Date 08/31/2025 | Name of person from whom amount is received UFCU | Amount (\$) \$1.22 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |
| Date 09/30/2025 | Name of person from whom amount is received UFCU | Amount (\$) \$1.16 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |
| Date 10/31/2025 | Name of person from whom amount is received UFCU | Amount (\$) \$1.17 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest | |

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 2/2 Rpt: 15/15

2 FILER NAME

Workers Defense Action Fund PAC

3 Filer ID (Ethics Commission Filers)
00083026

4 Date
11/30/2025

5 Name of person from whom amount is received

UFCU

8 Amount (\$)

\$0.98

6 Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78766

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer

Date
12/31/2025

Name of person from whom amount is received

UFCU

Amount (\$)

\$0.98

Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78766

Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer