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) 00090717 3 COMMITTEE NAME **OFFICE USE ONLY Equity Action** Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 300812 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rebecca R. NAME NICKNAME LAST **SUFFIX** Webber STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4228 Threadgill Street STREET **ADDRESS** (Residence or Business) Austin, TX 78723 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 699-9506 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** 04/27/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 05/06/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME Equity Action		[13 Filer ID 00090717	(Ethics Commission Filers)
. ,	T		00090717	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported Ballot ID:Prop A Election Date:2	2023-05-06 De	esc:Prop A Equity Action
	(Describe by date and location of election and nature of issue.)	Police Oversight		
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS,	POLITICAL CONTRIBUTIONS (OTHER THAN DR GUARANTEES OF LOANS) Jualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	530.26
EXPENDITURE TOTALS	3. TOTAL POLITICAL E	XPENDITURES OF \$100 OR LESS, UNLESS ITEM	1IZED \$	0.00
	4. TOTAL POLITICA	EXPENDITURES	\$	189,893.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	ONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	50,925.43
OUTSTANDING LOAN TOTALS	•	MOUNT OF ALL OUTSTANDING LOANS AS OF T EPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
		Rebecca F	R. Webber	
		Signature of Can	npaign Treasure	er
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	is the	day
		hich, witness my hand and seal of office.	· ·	,
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	r administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPOSE					ADDENDUM
					Page 3 of 26
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Equity Action				00090717	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed	Ballot ID:Prop B Election Date:2 Association	023-05-06 Des	c:Prop B Police
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				4 of 26
17 COM	MITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
Equi	Equity Action 00090717			,
19 SCH	EDULE	SUBTOTALS		
NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 530.26
Δ.		SCHEDULE AL. MONETANT FOLITICAL CONTRIBUTIONS		\$ 530.26
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)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.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 189,893.62
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL CONTRIBUTION)NS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/26		
2	FILER NAME Equity Action			3	Filer ID (Ethics Commission 00090717	n Filers)
4	Date 05/04/2023	5 Full name of contributor out-of-state PAC (ID#:) Downing, Thomas 6 Contributor address; City; State; Zip Code 9600 Sawyer Fay Lane		7	Amount of Contribution (\$)	\$26.63
8	Principal occu Retired Past	Austin, TX 78748 pation / Job title (See Instructions)	9 Employer (See Instructions United Methodist Churc			
	Date 05/04/2023	Full name of contributor out-of-state PAC (ID#:_Kitchen, Ann Contributor address; City; State; Zip Code 2136 Antone Street Austin, TX 78723			Amount of Contribution (\$)	\$263.47
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/04/2023 Lazar, Beverly Contributor address; City; State; Zip Code 1000 Liberty Park Drive #104 Austin, TX 78746			Amount of Contribution (\$)	\$20.00	
	Principal occu Teacher	oation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 05/04/2023	Full name of contributor out-of-state PAC (ID#:_Leahy, Francesca Contributor address; City; State; Zip Code 3501 Fleetwood Dr. Austin, TX 78704			Amount of Contribution (\$)	\$105.58
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 04/29/2023	Full name of contributor out-of-state PAC (ID#:_Nguyen, Hung Contributor address; City; State; Zip Code 12409 Bluestone Circle Austin, TX 78758			Amount of Contribution (\$)	\$52.95
	Principal occu Software Eng	oation / Job title (See Instructions) gineer	Employer (See Instructions Unemployed	s)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/26
2	FILER NAME Equity Action	3 Filer ID (Ethics Commission Filers) 00090717
4	Date 05/04/2023 Foe, Emily 6 Contributor address; City; State; Zip Code 1703 cliffside dr Austin, TX 78704	7 Amount of Contribution (\$) \$26.63
8	Principal occupation / Job title (See Instructions) Attorney/Mother 9 Employer (See Instructions) None	s)
	Date Full name of contributor out-of-state PAC (ID#:) Smith, Dewiera Contributor address; City; State; Zip Code 801 Sugaree Avenue Apt. 2425 Austin, TX 78757	Amount of Contribution (\$) \$35.00
	Principal occupation / Job title (See Instructions) programmer Employer (See Instructions) Conduent	s)

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/20 Rpt: 7/26	Equity Action 00090717
4 Date	5 Payee name
05/12/2023	Alemao, Andrew
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,651.66	1405 W North Loop Blvd #106
Expenditure from corporate funds	Austin, TX 78756
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/27/2023	Alemao, Andrew
Amount (\$)	Payee address; City; State; Zip Code
\$1,828.71	1405 W North Loop Blvd #106
Expenditure from corporate funds	Austin, TX 78756
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Field
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/21/2023	Austin Chronicle
Amount (\$)	Payee address; City; State; Zip Code
\$1,545.00	4000 N Interstate 35 Frontage Rd
Ψ2,0 10.00	1666 14 Interestate 66 1 remage 14a
Expenditure from corporate funds	Austin, TX 78751
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Advertising
Complete ONU V.V.	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/20 Rpt: 8/26	Equity Action	00090717
4 Date	5 Payee name	•
05/25/2023	Austin Web Design	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$1,960.00	902 Glen Oak Dr	
Expenditure from corporate funds	Austin, TX 78745	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense Website
		Website
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		Cilido Hold
Date	Payee name	
04/27/2023	Austin Web Design	
Amount (\$)	, and the second	
\$70.00	Payee address; City; State; Zip Cod 902 Glen Oak Dr	е
\$70.00	902 GIETI OAK DI	
Expenditure from corporate funds	Austin, TX 78745	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website
		Website
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	9	
Date	Payae name	
05/12/2023	Payee name Bohannon, Shelby	
Amount (\$)	-	0
\$2,720.85	Payee address; City; State; Zip Cod 103 Nelray Blvd Unit A	C
Ψ2,720.03	103 Nellay Biva Offic A	
Expenditure from corporate funds	Austin, TX 78751	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Field
		i idia
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		onice nou

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/20 Rpt: 9/26	Equity Action	00090717
4 Date	5 Payee name	I
04/27/2023	Bohannon, Shelby	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$1,674.37	103 Nelray Blvd Unit A	
Expenditure from corporate funds	Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
05/12/2023	Buhman, Lindsay	
Amount (\$)	Payee address; City; State; Zip C	Code
\$2,543.26	Sol Wilson Ave	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
04/27/2023	Buhman, Lindsay	
Amount (\$) \$1,813.10	Payee address; City; State; Zip C Sol Wilson Ave	Code
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/20 Rpt: 10/26	Equity Action 00090717
4 Date	5 Payee name
05/22/2023	Collective Campaigns
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$920.00	9901 Brodie Ln- Ste # 160
- "	
Expenditure from corporate funds	Austin, TX 78748
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance
	Compliance
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/27/2023	Docusign
Amount (\$)	Payee address; City; State; Zip Code
\$485.03	221 Main Street
Expenditure from corporate funds	San Francisco, CA 94105
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientary to benefit ever	
Date	Payee name
06/22/2023	Haynie and Co
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	8303 N Mopac Expy suite a-120
Expenditure from corporate funds	Austin, TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Accounting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/20 Rpt: 11/26	Equity Action	00090717
4 Date	5 Payee name	·
06/06/2023	Haynie and Co	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$600.00	8303 N Mopac Expy suite a-120	
Expenditure from corporate funds	Austin, TX 78759	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		
Date	Payee name	
05/16/2023	Havnie and Co	
	,	ada
Amount (\$)	Payee address; City; State; Zip C	oue
\$350.00	8303 N Mopac Expy suite a-120	
Expenditure from corporate funds	Austin, TX 78759	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting
		Accounting
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		dgrit Office field
D-1-		
Date	Payee name	
06/29/2023	Hernandez, Laura	
Amount (\$)	Payee address; City; State; Zip C	ode
\$923.50	6000 Lonesome Valley Trail	
Expenditure from		
corporate funds	Austin, TX 78731	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		General Consulting
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/20 Rpt: 12/26	Equity Action	00090717
4 Date	5 Payee name	
06/14/2023	Hernandez, Laura	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$923.50	6000 Lonesome Valley Trail	
Expenditure from corporate funds	Austin, TX 78731	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense General Consulting
		Octional Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Payee name	
05/30/2023	Hernandez, Laura	
Amount (\$)	Payee address; City; State; Zip Code	
\$923.50	6000 Lonesome Valley Trail	
— Foresaditus from		
Expenditure from corporate funds	Austin, TX 78731	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		General Consulting
		Constant Contouring
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	Cinice Held
<u> </u>	_	
Date	Payee name	
05/12/2023	Hernandez, Laura	
Amount (\$)	Payee address; City; State; Zip Code	
\$923.50	6000 Lonesome Valley Trail	
Expenditure from		
corporate funds	Austin, TX 78731	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		General Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	7	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/20 Rpt: 13/26	Equity Action 00090717
4 Date	5 Payee name
04/27/2023	Hernandez, Laura
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$923.50	6000 Lonesome Valley Trail
Expenditure from corporate funds	Austin, TX 78731
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense General Consulting
	Scheral Consularity
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
06/29/2023	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$2,246.78	PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Tax
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
06/14/2023	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$2,246.78	PO Box 409101
Expenditure from corporate funds	Ogden, UT 84409
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Tax
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/20 Rpt: 14/26	Equity Action	00090717
4 Date	5 Payee name	·
05/30/2023	IRS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,188.26	PO Box 409101	
Evnanditura from		
Expenditure from corporate funds	Ogden, UT 84409	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tax
		Tax
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date	Payao nama	
05/12/2023	Payee name Irs	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,246.78	PO Box 409101	
Ψ2,240.70	1 O BOX 409101	
Expenditure from corporate funds	Ogden, UT 84409	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tax
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	4	
Date	Payee name	
05/12/2023	Irs	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,166.47	PO Box 409101	
. ,		
Expenditure from corporate funds	Ogden, UT 84409	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Tax
0 1 0 0 1 0 0 1 0 0 1		000
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/20 Rpt: 15/26	Equity Action	00090717
4 Date	5 Payee name	
04/27/2023	Irs	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$1,737.57	PO Box 409101	
Expenditure from corporate funds	Ogden, UT 84409	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Tax
		1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	sought Office held
oxportantaro to sorione or o		
Date	Payee name	
04/27/2023	Irs	
Amount (\$)	Payee address; City; State; Zip	Code
\$2,257.33	PO Box 409101	
Expenditure from corporate funds	Ogden, UT 84409	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tax
		Tax
Operation ONE Wife discout	Outside to 10ff and had deep research	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held
Date	Payee name	
05/02/2023	JTX Strategies	
Amount (\$)	Payee address; City; State; Zip	Code
\$59,859.04	1912 MILES AVE	
Expenditure from corporate funds	Austin, TX 78745	
PURPOSE		(h) Description
OF PURPOSE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Mail Program
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		-

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/20 Rpt: 16/26	Equity Action 00090717
4 Date	5 Payee name
05/02/2023	JTX
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,419.25	1912 MILES AVE
Expenditure from	
corporate funds	Austin, TX 78745
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Doorhangers
	Doomangers
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/02/2023	JTX
Amount (\$)	Payee address; City; State; Zip Code
\$29,929.52	1913 MILES AVE
Ψ20,020.02	
Expenditure from corporate funds	Austin, TX 78745
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2023	Mandel, Jules
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	401 Nelray Blvd #B
Expenditure from	
corporate funds	Austin, TX 78751
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Digital Services
	3
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/20 Rpt: 17/26	Equity Action	00090717
4 Date	5 Payee name	·
06/29/2023	Mitchell, Kathy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,564.89	PO Box 13551	
Evnanditura from		
Expenditure from corporate funds	Austin, TX 78711	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political Director
		Political Director
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date	B	
06/14/2023	Payee name Mitchell, Kathy	
	-	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,564.89	PO Box 13551	
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political Director
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
05/30/2023	Mitchell, Kathy	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,564.89	PO Box 13551	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE		Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Political Director
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Supplication to bottom 0/01		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/20 Rpt: 18/26	Equity Action 00090717
4 Date	5 Payee name
05/12/2023	Mitchell, Kathy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,564.89	PO Box 13551
Expenditure from corporate funds	Austin, TX 78711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Political Director
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/27/2023	Mitchell, Kathy
Amount (\$)	Payee address; City; State; Zip Code
\$1,564.89	PO Box 13551
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Political Director
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/11/2023	Ranes, Jim
Amount (\$)	Payee address; City; State; Zip Code
\$242.43	1501 Barton Springs Rd
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to cor	mplete thi	s form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 13/20 Rpt: 19/26	Equity Action			00090717	
4 Date	5 Payee name		<u> </u>		
05/12/2023	Robertson, Jessica				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$2,890.53	801 Sugaree Ave				
Expenditure from corporate funds	Austin, TX 78757				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc			
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsion Check if Austin, TX,		
		Field		onicendider living	ехрепзе
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
expenditure to benefit C/O		J			
Date	Payee name				
04/27/2023	Robertson, Jessica				
Amount (\$)	Payee address; City; State; Zip Coo	udo.			
\$1,909.34	801 Sugaree Ave	ue			
Ψ1,303.54	501 Sugaree Ave				
Expenditure from corporate funds	Austin, TX 78757				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc			
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsion Check if Austin, TX,		
		Field		omeenoider iiving	Схреное
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
expenditure to benefit C/O	-1				
Date	Payee name				
05/09/2023	Sanchez, Rebecca				
Amount (\$)	Payee address; City; State; Zip Coo	ıde			
\$325.00	13236 Humphrey Dr				
,,					
Expenditure from corporate funds	Austin, TX 78729				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription		
OF EXPENDITURE	Consulting Expense	Пς	Check if travel outsi		
EXI ENDITORE			Check if Austin, TX,	officeholder living	expense
		Des	ayıı		
Complete CNII V if direct	Condidate/Officeholder nemo	aht		Office h	ald.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ynı		Office he	tiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o complet	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 14/20 Rpt: 20/26	Equity Action		00090717
4 Date	5 Payee name		
06/29/2023	Savoie, Seneca		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$2,081.23	9620 Covey Ridge Ln		
Expenditure from corporate funds	Austin, TX 78758		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF	Salaries/Wages/Contract Labor	()	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		j	Check if Austin, TX, officeholder living expense
			Organizig Director
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought	Office held
Date	Payee name		
06/14/2023	Savoie, Seneca		
Amount (\$)	Payee address; City; State; Zip	Code	
\$2,081.23	9620 Covey Ridge Ln		
Expenditure from			
corporate funds	Austin, TX 78758		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
		'	Check if Austin, TX, officeholder living expense Organizig Director
			Organizing Director
Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held
expenditure to benefit C/O		ooug	Cinco nou
Date	Payes name		
05/30/2023	Payee name Savoie, Seneca		
		Codo	
Amount (\$) \$2,081.23	Payee address; City; State; Zip 9620 Covey Ridge Ln	Code	
φ2,001.23	9020 Covey Ridge Lii		
Expenditure from	Aughin TV 70750		
corporate funds	Austin, TX 78758	1	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
		'	Organizig Director
Complete ONLY if direct		sought	Office held
expenditure to benefit C/O	Н		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 15/20 Rpt: 21/26	Equity Action	00090717
4 Date	5 Payee name	l
05/12/2023	Savoie, Seneca	
6 Amount (\$)	7 Payee address; City; State; Zip C	nde
\$2,081.23	9620 Covey Ridge Ln	ouc
Ψ2,001.20	3020 Govey Mage Lin	
Expenditure from corporate funds	Austin, TX 78758	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Organizig Director
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		
Date	Payee name	
04/27/2023	Savoie, Seneca	
Amount (\$)	Payee address; City; State; Zip C	odo
\$2,081.23	9620 Covey Ridge Ln	oue
Ψ2,001.23	3020 Covey Nuge Lii	
Expenditure from corporate funds	Austin, TX 78758	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Organizig Director
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		
Date	Payee name	
06/29/2023	Silva, Daniela	
Amount (\$)	Payee address; City; State; Zip C	ode .
\$1,625.16	2410 Ventura Drive #2	ouc
Ψ1,023.10	2410 Vehicia Brive #2	
Expenditure from corporate funds	Austin, TX 78741	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Community Engagement
		3.3.3.3.3
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		
		V

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete th	his form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 16/20 Rpt: 22/26	Equity Action		00090717	
4 Date	5 Payee name		I	
06/14/2023	Silva, Daniela			
6 Amount (\$)	7 Payee address; City; State; Zip C	Code		
\$1,625.16	2410 Ventura Drive #2			
Expenditure from corporate funds	Austin, TX 78741			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De:	scription	
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Comp	lete Schedule T.
EXPENDITORE			Check if Austin, TX, officeholder living	expense
		0	mmunity Engagement	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	aught	Office he	14
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ougni	Office fie	lu
Dete				
Date	Payee name			
05/30/2023	Silva, Daniela			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$1,625.16	2410 Ventura Drive #2			
Expenditure from corporate funds	Austin, TX 78741			
<u> </u>		100 -		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		scription Check if travel outside of Texas. Comp	lete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living	
		Co	mmunity Engagement	
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office he	d
expenditure to benefit C/O	7			
Date	Payee name			
05/12/2023	Silva, Daniela			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$1,625.16	2410 Ventura Drive #2			
Expenditure from corporate funds	Austin, TX 78741			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription	
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Comp	
EXI ENDITORE		. —	Check if Austin, TX, officeholder living	expense
			mmunity Engagement	
Complete ONLY if direct	Candidate/Officeholder name Office so		Office he	ld
expenditure to benefit C/O		Jugin	Office fie	·u

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/20 Rpt: 23/26	Equity Action 00090717
4 Date	5 Payee name
04/27/2023	Silva, Daniela
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,625.16	2410 Ventura Drive #2
Expenditure from corporate funds	Austin, TX 78741
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Community Engagement
	Community Engagement
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
06/14/2023	TX Workforce Commission
Amount (\$)	Payee address; City; State; Zip Code
\$1,995.73	101 E 15th Street
Evpanditure from	
Expenditure from corporate funds	Austin, TX 78778
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Tax
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
05/11/2023	Travis County Democratic Party
Amount (\$)	Payee address; City; State; Zip Code
\$5,628.19	1311 E 6th St #B
Expenditure from corporate funds	Austin, TX 78702
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Texting Phone
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/20 Rpt: 24/26	Equity Action 00090717
4 Date	5 Payee name
06/29/2023	Vasquez, Alberto
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,081.23	4600 Elmont Dr- #1812
Expenditure from corporate funds	Austin, TX 78741
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Management Management
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/14/2023	Vasquez, Alberto
Amount (\$)	Payee address; City; State; Zip Code
\$2,081.23	4600 Elmont Dr- #1812
Ψ2,001.23	4000 EIIII0III DI- #1012
Expenditure from corporate funds	Austin, TX 78741
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Management
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/30/2023	Vasquez, Alberto
Amount (\$)	Payee address; City; State; Zip Code
\$3,831.00	4600 Elmont Dr- #1812
ψ3,031.00	4000 EIIIIOII DI- #1012
Expenditure from corporate funds	Austin, TX 78741
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Management
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
<u> </u>	

SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Ontributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/20 Rpt: 25/26	Equity Action 00090717
4 Date	5 Payee name
05/12/2023	Vasquez, Alberto
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,081.23	4600 Elmont Dr- #1812
Expenditure from corporate funds	Austin, TX 78741
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
_/	Check if Austin, TX, officeholder living expense
	Management Management
O Commission ONLY if allowed	Our did to 10 ff as had done as many
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/11/2023	Vasquez, Alberto
Amount (\$)	Payee address; City; State; Zip Code
\$112.82	4600 Elmont Dr- #1812
Expenditure from corporate funds	Austin, TX 78741
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Supplies
	Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
04/27/2023	Vasquez, Alberto
Amount (\$)	Payee address; City; State; Zip Code
\$2,081.23	4600 Elmont Dr- #1812
Expenditure from corporate funds	Austin, TX 78741
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Management
	ivialiayement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials E. Legal Services The Instruction Guid	kpense Printing Salaries	Wages/Contract Labor	Travel Out of District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	Ē			3 Filer ID (Ethics Commission File	rs)	
	Sch: 20/20 Rpt: 26/26	Equity Action	on			00090717		
4	Date	5 Payee name						
	06/14/2023	Worley						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	\$100.00	3217 N Inte	erstate 35 Frontag	e Rd				
	Expenditure from corporate funds	Austin, TX	78702					
8	PURPOSE	(a) Category (S	see Categories listed at the	top of this schedule)	(b) Description			
	OF EXPENDITURE	Printing Ex	Printing Expense			Check if travel outside of Texas. Complete Schedule T.		
	-					in, TX, officeholder living expense		
					Printing			
L								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Off	iceholder name	Office so	ught	Office held		