SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

	1 Filer ID (Ethics Commission Filers)	**2** Total pages filed:
The SPAC Instruction Guide explains how to complete this form.		**19**

3 COMMITTEE NAME
Elect Democratic Women FEC ID C00685297

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
600 Pennsylvania Ave SE #15180
Washington DC 20003-

5 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   MI
Joshua

NICKNAME   LAST   SUFFIX
Myles

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE
700 Pennsylvania Ave SE #2067
Washington DC 20003-

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET ADDRESS OR PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE
600 Pennsylvania Ave SE #15180
Washington DC 20003-

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION
(**202**)   **544-6960**

9 REPORT TYPE

January 15: Semi-Annual

10 PERIOD COVERED

Month   Day   Year
7/1/2024   THROUGH   **12/31/2024**

11 ELECTION

ELECTION DATE
Month   Day   Year
5/3/2025

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other Description
☒ General   ☐ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

12 COMMITTEE NAME
Elect Democratic Women FEC ID C00685297

13 Filer ID   (Ethics Commission Filers)

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14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

[X] **SUPPORT**
(Candidate or Measure)

[ ] **OPPOSE**
(Candidate or Measure)

[ ] **ASSIST**
(Officeholder)

[X] CANDIDATE

[ ] OFFICEHOLDER

[ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME
Gina Ortiz Jones

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Mayor

BALLOT IDENTIFICATION / #

ELECTION DATE
Month   Day   Year
5/3/2025

DESCRIPTION

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15 CONTRIBUTION TOTALS			
	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$ 0**
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$ 1000.00**
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$ 0**
	4.	**TOTAL POLITICAL EXPENDITURES**	**$ 1000.00**
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$ 0**
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$ 0**

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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.

* * * Electronically Certified * * *
_____
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ____**Joshua Myles**_____. this the ____**14th** day
of ____**January**_____, 20**25**_____, 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

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SUBTOTALS - SPAC

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
Elect Democratic Women FEC ID C00685297	

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$ 1000.00**
2.	[X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$ 0**
3.	[X] SCHEDULE B: PLEDGED CONTRIBUTIONS	**$ 0**
4.	[X] SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$ 0**
5.	[X] SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$ 0**
6.	[X] SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$ 0**
7.	[X] SCHEDULE E: LOANS	**$ 0**
8.	[X] SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 1000.00**
9.	[X] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$ 0**
10.	[X] SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
11.	[X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$ 0**
12.	[X] SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$ 0**
13.	[X] SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	**$ 0**
14.	[X] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$ 0**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: **1 of 1**

2 FILER NAME
Elect Democratic Women FEC ID C00685297

3 Filer ID (Ethics Commission Filers)

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4 Date
12/31/2024

5 Full name of contributor ☐ out-of-state PAC (ID# **C00685297**)
Elect Democratic Women FEC ID C00685297

6 Contributor address;   City;   State;   Zip Code
600 Pennsylvania Ave SE #15180
Washington, DC 20003

7 Amount of contribution ($)
1000.00

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#_____)

Contributor address;   City;   State;   Zip Code

Amount of contribution ($)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#_____)

Contributor address;   City;   State;   Zip Code

Amount of contribution ($)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#_____)

Contributor address;   City;   State;   Zip Code

Amount of contribution ($)

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2: **1 of 1**
2 FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	**$ 0**

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#_____)	**8** Amount of Contribution $
	7 Contributor address; City; State; Zip Code	**9** In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	**11** Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of Contribution $
	Contributor address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
1 of 1

2 FILER NAME
Elect Democratic Women FEC ID C00685297

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

$ 0

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#_____)	**8** Amount of Pledge $
	7 Pledgor address; City; State; Zip Code	**9** In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (See instructions)   **11** Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions)   Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions)   Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#_____)	Amount of Pledge $
	Pledgor address; City; State; Zip Code	In-kind contribution description
		☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See instructions)   Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule C1: **1 of 1**
2 FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Corporation / Labor Organization name	**7** Amount of contribution ($)
	6 Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C2**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule C2: **1 of 1**

2 FILER NAME
Elect Democratic Women FEC ID C00685297

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Corporation / Labor Organization name	**7** Amount of contribution ($)
	6 Corporation / Labor Organization address; City; State; Zip Code	**8** In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **D**

1 Total pages Schedule D: **1 of 1**	

2 FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Corporation / Labor Organization name	**7** Amount of contribution ($)
	6 Corporation / Labor Organization address; City; State; Zip Code	**8** In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE **E**

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Elect Democratic Women FEC ID C00685297

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$ 0

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#_____)	**9** Loan Amount ($)
6 Is lender a financial institution?	**8** Lender address; City; State; Zip Code	**10** Interest rate
		11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

☐ not applicable

19 Amount Guaranteed ($)

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#_____)	Loan Amount ($)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

☐ not applicable

Amount Guaranteed ($)

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: **1 of 1**	**2** FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)

4 Date **12/31/2024**	**5** Payee name **Gina Ortiz Jones**

6 Amount ($) **1000.00**	**7** Payee address; City; State; Zip Code **PO Box 12246** **San Antonio, TX 78212**

8 PURPOSE OF EXPENDITURE	**(a)** Category (See categories listed at the top of this schedule) **Contributions/Donations Made By Candidate/Officeholder/Political Committee**	**(b)** Description **Monetary Political Contribution to Gina Ortiz Jones for San Antonio**

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political 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 F2: **1 of 1**	**2** FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	**$ 0**

5 Date	**6** Payee name
7 Amount ($)	**8** Payee address; City; State; Zip Code

9 **TYPE OF EXPENDITURE**	☐ Political ☐ Non-Political

10 **PURPOSE OF EXPENDITURE**	**(a)** Category (See categories listed at the top of this schedule)	**(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Elect Democratic Women FEC ID C00685297

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Name of person from whom investment is purchased
	6 Address of person from whom investment is purchased; City; State; Zip Code
	7 Description of investment
	8 Amount of investment ($)

Date	Name of person from whom investment is purchased
	Address of person from whom investment is purchased; City; State; Zip Code
	Description of investment
	Amount of investment ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political 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 F4: **1 of 1**	**2** FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$ 0**

5 Date	**6** Payee name

7 Amount ($)	**8** Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)   **(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE **H**

1 Total pages Schedule H: **1 of 1**	**2** FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Business name

6 Amount ($)	**7** Business address; City; State; Zip Code

8 **PURPOSE OF EXPENDITURE**

(a) Category (See categories listed at the top of this schedule)   **(b)** Description

(c) ☐ Check if travel outside of Texas, complete schedule T   ☐ 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

---

Date	Business name

Amount ($)	Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

---

Date	Business name

Amount ($)	Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas, complete schedule T   ☐ 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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: **1 of 1**	**2** FILER NAME **Elect Democratic Women FEC ID C00685297**	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Payee name

6 Amount ($) ☐ Expenditure from corporate funds	**7** Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories.)	**(b)** Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: **1 of 1**

2 FILER NAME
Elect Democratic Women FEC ID C00685297

3 Filer ID (Ethics Commission Filers)

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4 Date	**5** Name of person from whom amount is received	**8** Amount ($)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T: **1 of 1**

2 FILER NAME
Elect Democratic Women FEC ID C00685297

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION

FORM **PAC - DR**

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME
Elect Democratic Women FEC ID C00685297

2 Filer ID (Ethics Commission Filers)

³ Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

_____
Signature of Campaign Treasurer

> DO NOT SIGN UNLESS
> POLITICAL COMMITTEE IS TO BE DISSOLVED

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