#### 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) 00090521 3 COMMITTEE NAME **OFFICE USE ONLY** Workers Defense Action Fund PAC Date Received **ELECTRONICALLY FILED** 01/15/2021 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 143001 Date Hand-delivered or Date Postmarked Change of Address AUstin, TX 78714 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER Emma** NAME NICKNAME LAST **SUFFIX** Ruiz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5903 Swayden Lane STREET **ADDRESS** (Residence or Business) Austin, TX 78745 **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** (956) 454-4048 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/25/2020 12/31/2020 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/03/2020 χ General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Workers Defense Action	on Fund PAC		00090521	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported David Chincanchan Council N	л Member, Distr	ict 2
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS,	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL E	EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	13,162.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	136,738.49
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
<b>16</b> AFFIDAVIT		I swear, or affirm, under penalty of po true and correct and includes all info under Title 15, Election Code.	erjury, that the rmation require	accompanying report is d to be reported by me
		Emn	na Ruiz	
		Signature of Ca	ampaign Treası	urer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said		this the	day
of	_, 20, to certify (	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

COMMITTEE NAME Workers Defense Action Fund PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this  Page 3 of 38  13 Filer ID (Ethics Commission Filers) 00090521  A. Supported James Flannigan Council Member, District 6  B. Opposed	PURPOSE			ABBENBOM
Workers Defense Action Fund PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported James Flannigan Council Member, District 6  B. Opposed  A. Supported James Flannigan Council Member, District 6  B. Opposed  B. Opposed  B. Opposed  B. Opposed				Page 3 of 38
COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported James Flannigan Council Member, District 6  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted	2 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  3. Officeholders Assisted	Workers Defense Action Fund PAC		00090521	
2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted			per, District 6	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
B. Opposed  3. Officeholders Assisted		A. Supported		
Assisted	nature of issue.)	B. Opposed		
(dentity by name or, if applicable, classify by party.)	Assisted			
	(Identify by name or, if applicable, classify by party.			

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					4 of 38
17 COMMITTEE NAME 18 Filer ID (EI				(Ethics Commission	on Filers)
Workers Defense Action Fund PAC 00090521				•	,
19 SCH	HEDULI	E SUBTOTALS		1	
l		SCHEDULE		SUBTOTAL	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,500.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				<u> </u>	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
0.	Ш	CONTENDED S. LEED CONTINUE HONO		9	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	)R		
4.	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	s	
				<u> </u>	
9.	$\Box$	SCHEDULE E: LOANS		\$	
J	Ш	SCHEDOLE E. ECANO		<b>3</b>	
10	БД.	COURDING EA. DOUTECAL EVENINTURES FROM POLITICAL CONTRIBUTION	<u> </u>		10 100 41
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	13,162.41
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	292.98
				ļ ·	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
		TO FILER			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCH	IEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedul	e A1:	
2	FILER NAME Workers Det	fense Action Fund PAC		3	Filer ID (Ethics Cor 00090521	mmissio	on Filers)
4	Date 11/14/2020	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Austin Firefighters Public Safety Fund PAC</li> <li>Contributor address; City; State; Zip Code 7537 Cameron Road</li> <li>Austin, TX 78752</li> </ul>		7	Amount of Contribution	on (\$)	\$7,500.00
8	Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u>I</u> S)			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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	al Committee Legal Services Salaries/Wages/Cor	` <del>*</del> *
orodic odra i dymoni	The Instruction Guide explains how to complete t	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/31 Rpt: 6/38	Workers Defense Action Fund PAC	00090521
4 Date	5 Payee name	
11/05/2020	Torres , J. Guadalupe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$44.29	8005 Georgian Dr.	
	#502	
Expenditure from corporate funds	Austin, TX 78753	
8 PURPOSE		occription
OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	escription Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Cornilact Labor	Check if Austin, TX, officeholder living expense
		/ages: Lit Drop Hours
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
11/05/2020	Alcaide, Karen	
Amount (\$)	Payee address; City; State; Zip Code	
\$66.43	1006 Bird creek Dr.	
	Unit B	
Expenditure from corporate funds	Austin, TX 78758	
•	<u> </u>	
PURPOSE OF	( consideration and the constant of	escription Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		/ages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
11/05/2020	Almanza, Carolina	
Amount (\$)	Payee address; City; State; Zip Code	
\$66.43	12435 Dessau Rd	
Expenditure from	#627	
corporate funds	Austin, TX 78752	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	vv	/ages: Lit Drop Hours
Complete CALL V if direct	Condidate/Officeholder name Office accepts	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office neta
·		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/31 Rpt: 7/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Banegas, Yesenia
6 Amount (\$) \$22.14  Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2201 Montopolis Dr. #1416 Austin, TX 78741
8 PURPOSE	· · · · · · · · · · · · · · · · · · ·
8 PURPUSE 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  Wages: Lit Drop Hours
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2020	Barroso, Edgar
Amount (\$) \$273.54  Expenditure from corporate funds	Payee address; City; State; Zip Code  1501 S HEATHERWILDE BLVD  APT 1133  PFLUGERVILLE, TX 78660
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  Gross Wages
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/09/2020	Barroso, Edgar
Amount (\$) \$126.71  Expenditure from corporate funds	Payee address; City; State; Zip Code 1501 S HEATHERWILDE BLVD APT 1133 PFLUGERVILLE, TX 78660
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  Gross wages
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/31 Rpt: 8/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Betancourt, Guadalupe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.29	199 Jarbridge Dr.
— Foresedit ve from	
Expenditure from corporate funds	Kyle, TX 78640
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  Wages: Lit Drop Hours
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1 °
Date	Payee name
11/05/2020	Bueso Bardales , Sairy
Amount (\$)	Payee address; City; State; Zip Code
\$44.29	503 Hardin Ct.
	Apt A
Expenditure from corporate funds	Austin, TX 78753
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  Wages: Lit Drop Hours
	wages. Lit Drop Hours
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
11/05/2020	Caceres, Jose
Amount (\$)	Payee address; City; State; Zip Code
\$22.14	1701 Clayton Ln
Funon ditura fra	Apt 401
Expenditure from corporate funds	Austin, TX 78723
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  Wages: Lit Drop Hours
	vvayes. Lit Diop πouls
Complete <u>ONLY</u> 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/31 Rpt: 9/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Cervantes Obando , Luis Carlos
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.29	6625 Mckinney Falls Pkwy
	Apt 5103
Expenditure from corporate funds	Austin, TX 78744
8 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
	Wages: Lit Drop Hours
	wages. Lit brop Hours
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Cordero, Adriana
Amount (\$)	Payee address; City; State; Zip Code
\$22.14	
Φ22.14	6605 Betty Cook Dr.
Expenditure from	
corporate funds	Austin, TX 78723
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
	Wages: Lit Drop Hours
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Cruz Ramos, Digna
Amount (\$)	Payee address; City; State; Zip Code
\$44.29	8312 North Interastate 35
Ψττ.23	
Expenditure from	#1120
corporate funds	Austin, TX 78753
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
	Wages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/31 Rpt: 10/38	Workers Defense Action Fund PAC	00090521
4 Date	5 Payee name	
11/05/2020	Diaz, Amy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$44.29	6504 Virgo Lane	
- Evpanditura from		
Expenditure from corporate funds	Austin, TX 78724	
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 Wages: Lit Drop Hours
		wages. Lit Drop Hours
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date	Payee name	
11/05/2020	Diaz, Angel	
Amount (\$)	Payee address; City; State; Zip Code	
\$44.29	6504 Virgo Lane	
Ψ44.29	0304 Vilgo Lane	
Expenditure from corporate funds	Austin, TX 78724	
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
		Wages: Lit Drop Hours
		agee. 2 2 op 1 ea e
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/05/2020	Diaz, Mario	
Amount (\$)	Payee address; City; State; Zip Code	
\$44.29	6504 Virgo Lane	
Expenditure from corporate funds	Austin, TX 78724	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Wages: Lit Drop Hours
Complete ONLY if divert	Condidate /Office helder name	Office held
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)** Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/31 Rpt: 11/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/04/2020	Dragomanovich, Christopher
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$256.93	11702 HILLTOP
	APT 1133
Expenditure from corporate funds	AUSTIN, TX 78753
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
	Gross wages
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/09/2020	Dragomanovich, Christopher
Amount (\$)	Payee address; City; State; Zip Code
\$41.46	11702 HILLTOP
	APT 1133
Expenditure from corporate funds	AUSTIN, TX 78753
PURPOSE	
OF	(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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Gross wages
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Duarte, Luz
Amount (\$)	Payee address; City; State; Zip Code
\$22.14	16500 Parkview Dr.
Expenditure from corporate funds	Austin, TX 78728
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Wages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 7/31 Rpt: 12/38	2 FILER NAME  Workers Defense Action Fund PAC  3 Filer ID (Ethics Commission Filers)  00090521
4 Date	5 Payee name
11/04/2020	Elder, Shannon
6 Amount (\$)	7 Payee address; City; State; Zip Code 1411 KIRKWOOD ROAD
\$244.75	
Expenditure from	UNIT A
corporate funds	AUSTIN, TX 78722
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor
	Gross wages
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/09/2020	Elder, Shannon
Amount (\$)	Payee address; City; State; Zip Code
\$51.43	1411 KIRKWOOD ROAD
ψ01.40	UNIT A
Expenditure from	AUSTIN, TX 78722
corporate funds	
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
	Gross wages
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Espinosa, Rocio
Amount (\$)	Payee address; City; State; Zip Code
\$44.29	8805 North Plaza
	#2499
Expenditure from corporate funds	Austin, TX 78753
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  Wages: Lit Drop Hours
	vvayes. Lit Drop nouts
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
4. Total manage Calcadate 54	
1 Total pages Schedule F1:	
Sch: 8/31 Rpt: 13/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Esquivel, Christopher
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$66.43	900 Broken Feather
	#170
Expenditure from corporate funds	Pflugerville, TX 78660
8 PURPOSE	1
OF	(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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Wages: Lit Drop Hours
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/02/2020	Facebook
Amount (\$)	Payee address; City; State; Zip Code
\$128.57	2 Facebook Way
+==0.01	
Expenditure from corporate funds	Menlo Park, CA 94025
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
	Digital Ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/02/2020	Facebook
Amount (\$)	Payee address; City; State; Zip Code
\$3.57	2 Facebook Way
+3.01	
Expenditure from	Menlo Park, CA 94025
corporate funds	1
PURPOSE OF	(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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Digital Ads
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/31 Rpt: 14/38	Workers Defense Action Fund PAC	00090521
4 Date	5 Payee name	•
11/03/2020	Facebook	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$128.57	2 Facebook Way	
Expenditure from corporate funds	Menlo Park, CA 94025	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		igital ads
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
	T	
Date	Payee name	
11/03/2020	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.57	2 Facebook Way	
Expenditure from		
corporate funds	Menlo Park, CA 94025	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		igital ads
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
11/03/2020	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.57	2 Facebook Way	
Ψ120.01	2 radososk vray	
Expenditure from corporate funds	Menlo Park, CA 94025	
·		
PURPOSE OF		escription 7 Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		igital ads
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complet	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/31 Rpt: 15/38	Workers Defense Action Fund PAC	00090521
4 Date	5 Payee name	·
11/03/2020	Facebook	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$128.57	2 Facebook Way	
- Funanditura from		
Expenditure from corporate funds	Menlo Park, CA 94025	
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 Digital ads
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	
Date	Payee name	
11/03/2020	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.57	2 Facebook Way	
	-	
Expenditure from corporate funds	Menlo Park, CA 94025	
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 Digital ads
		Signal ado
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	9	
Date	Payee name	
11/03/2020	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.57	2 Facebook Way	
	•	
Expenditure from corporate funds	Menlo Park, CA 94025	
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
	'	Digital ads
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Cinico ficiu

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By 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: 11/31 Rpt: 16/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/03/2020	Facebook
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$128.57	2 Facebook Way
Expenditure from corporate funds	Menlo Park, CA 94025
<u> </u>	1
8 PURPOSE OF	(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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Digital ads
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/03/2020	Facebook
Amount (\$)	Payee address; City; State; Zip Code
\$123.20	2 Facebook Way
Expenditure from corporate funds	Menlo Park, CA 94025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Digital ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	
Date	Payee name
11/03/2020	Facebook
Amount (\$)	Payee address; City; State; Zip Code
\$128.57	2 Facebook Way
Ψ120.57	= . accaesa,
Expenditure from corporate funds	Menlo Park, CA 94025
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Digital ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

#### 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: 12/31 Rpt: 17/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/14/2020	Facebook
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.66	2 Facebook Way
Expenditure from corporate funds	Menlo Park, CA 94025
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Digital ads
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/14/2020	Facebook
Amount (\$)	Payee address; City; State; Zip Code
\$128.57	2 Facebook Way
Expenditure from corporate funds	Menlo Park, CA 94025
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
	Digital Ads
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
11/05/2020	Garcia, Jose
Amount (\$)	Payee address; City; State; Zip Code
\$22.14	1633 Royal crest Dr.
	#1312
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
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Wages: Lit Drop Hours
Complete CAU V if direct	Condidate/Officeholder name Office cought
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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 13/31 Rpt: 18/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Garcia, Liliana
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.29	1504 Darold Dr.
Ψ44.23	1304 Barola Br.
Expenditure from corporate funds	Del Valle, TX 78617
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
	Wages: Lit Drop Hours
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Garcia, Lucero
Amount (\$)	Payee address; City; State; Zip Code
\$22.14	7100 E. HWY 290
Φ22.14	
Expenditure from	#A15
corporate funds	Austin, TX 78723
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
	Wages: Lit Drop Hours
0 1 0 0 1 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Garcia, Marcos
Amount (\$)	Payee address; City; State; Zip Code
\$44.29	1915 Wells Branch Pkwy
	#303
Expenditure from	Austin, TX 78728
corporate funds	
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
	Wages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 14/31 Rpt: 19/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Garcia, Margarita
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$22.14	7100 E. Hwy 290
	#B14
Expenditure from corporate funds	Austin, TX 78723
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  Wages: Lit Drop Hours
	Wages. Et Biop Houis
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
11/05/2020	Gonzalez, Ivonne
Amount (\$)	Payee address; City; State; Zip Code
\$44,29	6504 Virgo Lane
Ψ14.20	ood viigo Edite
Expenditure from corporate funds	Austin, TX 78724
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  Wages: Lit Drop Hours
	wages. Lit brop riodis
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
11/05/2020	Payee name Gonzalez, Karen
	·
Amount (\$)	Payee address; City; State; Zip Code
\$44.29	6506 Woodhue Dr.
Expenditure from	Austin TV 7074F
corporate funds	Austin, TX 78745
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/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
	Wages: Lit Drop Hours
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

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

Credit Card Payment	The Instruction Guide explains how to c	complet	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 15/31 Rpt: 20/38	Workers Defense Action Fund PAC		00090521
4 Date	5 Payee name		<u> </u>
12/02/2020	Google Suite		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$9.59	1600 Amphitheatre Parkway		
Expenditure from corporate funds	Mountainview, CA 94043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Email/cloud services
			Zinaii dieda eel viete
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ouaht	Office held
expenditure to benefit C/O		9	
Date	Payee name		
11/03/2020	Grub Hub		
Amount (\$)	Payee address; City; State; Zip C	Codo	
\$64.29	111 W. Washington Street	Joue	
Ψ04.29	Suite 2100		
Expenditure from			
corporate funds	Chicago, IL 60602		
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	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
		'	Food for canvass team
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/O	H		
Date	Payee name		
11/05/2020	Hernandez Gonzalez, Carlos		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$44.29	1633 Royal Crest Dr.		
	1312		
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		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			Wages: Lit Drop Hours
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
3. p 2			

### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	·
Sch: 16/31 Rpt: 21/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/04/2020	Iniguez, Belen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$229.25	581 DIXIE LAKE LANE
Expenditure from corporate funds	WASKOM, TX 75692
8 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
	Gross wages
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	and the second of the second o
Date	
11/09/2020	Payee name
	Iniguez, Belen
Amount (\$)	Payee address; City; State; Zip Code
\$29.29	581 DIXIE LAKE LANE
Expenditure from corporate funds	WASKOM, TX 75692
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.
	Crass wages
	Gross wages
One make the ONE Wife diagram	Out titled to 10 ff and had do many to 10 ff and had do
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
<u>'</u>	
Date	Payee name
11/05/2020	Iturbe, Janett
Amount (\$)	Payee address; City; State; Zip Code
\$66.43	1010 Immanuel Rd
	#105
Expenditure from corporate funds	Pflugerville, TX 78660
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
	Wages: Lit Drop Hours
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)
sing Expense Event Expense Loan Repayment/Reimbu

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

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	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: 17/31 Rpt: 22/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Jones, Nicolasa
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.29	6802 Loire Ct.
- "	
Expenditure from corporate funds	Austin, TX 78744
8 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
	Wages: Lit Drop Hours
	Wagoo. Et Brop Hould
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/05/2020	Lebin Yates Consulting
Amount (\$)	Payee address; City; State; Zip Code
\$9.87	PO Box 41112
ψ9.07	FO B0X 41112
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Legal Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
11/05/2020	Lopez, Jorge
Amount (\$)	Payee address; City; State; Zip Code
\$66.43	900 Broken Feather
— Constantitude forms	Trl 147
Expenditure from corporate funds	Pflugerville, TX 78660
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LA LABITORL	Check if Austin, TX, officeholder living expense
	Wages: Lit Drop Hours
Commission Chill V II alling	Condidate/Officeholder name Office county
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 Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal 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: 18/31 Rpt: 23/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Macias, Dora
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.29	9036 North Lamar
	Apt. 201
Expenditure from corporate funds	Austin, TX 78753
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Wages: Lit Drop Hours
	Wagoo. Ett Brop Hodio
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
11/18/2020	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$9.24	675 Ponce de Leon Ave NE
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Service fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/05/2020	Marroquin, Eva
Amount (\$)	Payee address; City; State; Zip Code
\$88.57	8312 N IH35
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#1141
Expenditure from	
corporate funds	Austin, TX 78753
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
	Wages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
<u> </u>	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/31 Rpt: 24/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/04/2020	McShane, John
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$243.64	4505 DUVAL STREET
	#381
Expenditure from corporate funds	AUSTIN, TX 78751
8 PURPOSE	(a) Cotogon (h) Deceription
OF	(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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Gross wages
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/09/2020	McShane, John
Amount (\$)	Payee address; City; State; Zip Code
\$189.82	4505 DUVAL STREET
Ψ103.02	
Expenditure from	#381
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
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Gross wages
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Mejia, Zenaida
Amount (\$)	Payee address; City; State; Zip Code
\$22.14	16500 Parkview Dr.
¥==:= :	
Expenditure from corporate funds	Austin, TX 78728
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
	Wages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Event Exp Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Ser

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 20/31 Rpt: 25/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Melchor Morales, Mario
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.29	6109 Wideleaf Dr.
¥ · ···=0	
Expenditure from corporate funds	Austin, TX 78724
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LA LIBITORE	Check if Austin, TX, officeholder living expense
	Wages: Lit Drop Hours
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/Oi	п
Date	Payee name
11/05/2020	Mercado, Killian
Amount (\$)	Payee address; City; State; Zip Code
\$66.43	1010 Immanuel Rd
ψυυ. <del>4</del> υ	
Expenditure from	#105
corporate funds	Pflugerville, TX 78660
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
	Wages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
11/05/2020	Mora Araya, Marcela
	·
Amount (\$)	Payee address; City; State; Zip Code
\$44.29	6626 Mckinney Falls Pkwy
Expenditure from	Apt 5103
corporate funds	Austin, TX 78744
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
	Wages: Lit Drop Hours
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/31 Rpt: 26/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/05/2020	Morales, Angelica
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.29	8805 North Plaza
Evnanditura from	#2245
Expenditure from corporate funds	Austin, TX 78753
8 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
	Wages: Lit Drop Hours
O Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2020	Ocampo, Graciela
Amount (\$)	
\$66.43	123 Woods View Ct.
Expenditure from corporate funds	Cedar Creek, TX 78612
•	
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
	Wages: Lit Drop Hours
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/05/2020	Paredes, Fausto
Amount (\$)	Payee address; City; State; Zip Code
\$88.57	8312 N IH35
	#1141
Expenditure from corporate funds	Austin, TX 78753
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
	Wages: Lit Drop Hours
Complete CAU V if direct	Condidate/Officeholder name Office cought
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 Cor

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

Candidate/Officeholder/Political Credit Card Payment		laries/Wages/Contract Labor OTHER (enter a category not listed above)  **to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 22/31 Rpt: 27/38	Workers Defense Action Fund PAC	00090521
4 Date	5 Payee name	
11/05/2020	Perez, Mitzi	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code
\$66.43	5400 Freidrich Ln.	
	#140	
Expenditure from corporate funds	Austin, TX 78744	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wages: Lit Drop Hours
		vvages. Eli Biop riouis
9 Complete ONLY if direct		e sought Office held
expenditure to benefit C/OF	1	
Date	Payee name	
11/05/2020	Perez de la Paz, Teresa Maria	
Amount (\$)	Payee address; City; State; Z	ip Code
\$44.29	9036 N. Lamar Blvd.	
	#103	
Expenditure from corporate funds	Austin, TX 78753	
·		(h) Description
OF	(a) Category (See Categories listed at the top of this schedul	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Wages: Lit Drop Hours
Complete ONLY if direct		e sought Office held
expenditure to benefit C/OF	1	
Date	Payee name	
11/05/2020	Quintana, Graciela	
Amount (\$)	Payee address; City; State; Z	ip Code
\$44.29	6506 Woodhue Dr.	
Expenditure from corporate funds	Austin, TX 78745	
PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
LAFLNDITURE		Check if Austin, TX, officeholder living expense
		Wages: Lit Drop Hours
Commission CALL V. If allows	Condidate/Officeholder	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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	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: 23/31 Rpt: 28/38	Workers Defense Action Fund PAC 00090521	
4 Date	5 Payee name	
11/05/2020	Reynosa, Lorena	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$44.29	6900 Wentworth Dr.	
Evpanditura from	Duplex A	
Expenditure from corporate funds	Austin, TX 78724	
8 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	
	Wages: Lit Drop Hours	
	Transport Entry transport	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
11/05/2020	Rios, Maria Cristina	
Amount (\$)	Payee address; City; State; Zip Code	
\$44.29	8005 Georgian Dr.	
	#502	
Expenditure from corporate funds	Austin, TX 78753	
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  Wages: Lit Drop Hours	
	wages. Lit Drop Hours	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
11/05/2020	Rodriguez, Mirna	
Amount (\$)	Payee address; City; State; Zip Code	
\$44.29	5901 E Stassney Ln	
	#1703	
Expenditure from corporate funds	Austin, TX 78744	
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.	
LAFLINDITURE	Check if Austin, TX, officeholder living expense	
	Wages: Lit Drop Hours	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

### SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Expense Polling Expense
norials 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)

Credit Card Payment  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 24/31 Rpt: 29/38	Workers Defense Action Fund PAC 00090521	
4 Date	5 Payee name	
11/05/2020	Salas, Daniel	
6 Amount (\$) \$66.43  Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1006 Bird Creek Dr. Unit B Austin, TX 78758	
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  Wages: Lit Drop Hours	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/05/2020	Salvador, Daphne	
Amount (\$) \$22.14	Payee address; City; State; Zip Code 199 Jarbridge Drive	
Expenditure from corporate funds	Kyle, TX 78640	
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  Wages: Lit Drop Hours	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
11/05/2020	Salvador, German	
Amount (\$) \$22.14	Payee address; City; State; Zip Code 199 Jarbridge Dr.	
Expenditure from corporate funds	Kyle, TX 78640	
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 Wages: Lit Drop Hours	
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 -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: 25/31 Rpt: 30/38	Workers Defense Action Fund PAC 00090521	
4 Date	5 Payee name	
11/05/2020	Salvador, Martin	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$44.29	199 Jarbridge Dr.	
Expenditure from corporate funds	Kyle, TX 78640	
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  Wages: Lit Drop Hours	
	Wages. Lit Biop Floais	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data		
Date	Payee name	
11/05/2020	Sanchez, Bernardo	
Amount (\$)	Payee address; City; State; Zip Code	
\$44.29	6900 Wentworth Dr	
- Evenanditura from	Duplex A	
Expenditure from corporate funds	Austin, TX 78724	
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	
	Wages: Lit Drop Hours	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
experientare to benefit 6/61		
Date	Payee name	
11/05/2020	Sanchez Roman, Edna	
Amount (\$)	Payee address; City; State; Zip Code	
\$44.29	1915 Wells Branch Pkwy	
	Apt 303	
Expenditure from corporate funds	Austin, TX 78728	
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	
	Wages: Lit Drop Hours	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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)

Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:			
Sch: 26/31 Rpt: 31/38	Workers Defense Action Fund PAC 00090521		
4 Date 11/04/2020	5 Payee name Serna, Valeria		
6 Amount (\$) \$597.38  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 9308 FM 969 #33 AUSTIN, TX 78724  (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 Gross wages		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date 11/09/2020	Payee name Serna, Valeria		
Amount (\$) \$444.52  Expenditure from corporate funds	Payee address; City; State; Zip Code 9308 FM 969 #33 AUSTIN, TX 78724		
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  Gross wages		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 11/05/2020	Payee name Sevilla, Sheyla		
Amount (\$) \$66.43	Payee address; City; State; Zip Code 900 Broken Feather #170 Pflugerville, TX 78660		
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 Wages: Lit Drop Hours		
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 -

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	d 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: 27/31 Rpt: 32/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/04/2020	SurePayroll
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$429.64	2350 Ravine Way
	Suite 100
Expenditure from corporate funds	Glenview, IL 60025
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
	Employer taxes
	Employer taxes
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/09/2020	SurePayroll
	-
Amount (\$)	
\$140.00	2350 Ravine Way
Expenditure from	Suite 100
corporate funds	Glenview, IL 60025
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
	Employer taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/04/2020	SurePayroll
Amount (\$)	Payee address; City; State; Zip Code
\$24.87	2350 Ravine Way
— Funcionalita una finanza	Suite 100
Expenditure from corporate funds	Glenview, IL 60025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll service fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff 6/01	•

### 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

Printing Expense Travel
Salaries/Wages/Contract Labor OTHE

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

Credit Card F dyment	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: 28/31 Rpt: 33/38	Workers Defense Action Fund PAC	00090521
4 Date	5 Payee name	<u> </u>
11/19/2020	SurePayroll	
6 Amount (\$) \$5.33	7 Payee address; City; State; Zip C 2350 Ravine Way	ode
Expenditure from corporate funds	Suite 100 Glenview, IL 60025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Payroll Service Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
11/04/2020	Tamayo, Paulina	
Amount (\$) \$294.57  Expenditure from corporate funds	Payee address; City; State; Zip C 4433 N STANDTON APT T18 #33 EL PASO, TX 79902	ode
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  Gross wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
11/09/2020	Tamayo, Paulina	
Amount (\$) \$188.71  Expenditure from corporate funds	Payee address; City; State; Zip C 4433 N STANDTON APT T18 #33 EL PASO, TX 79902	ode
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 Gross wages
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught Office held

### SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F 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/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: 29/31 Rpt: 34/38	Workers Defense Action Fund PAC 00090521
4 Date	5 Payee name
11/06/2020	The Movement Cooperative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,286.96	PO Box 20063
Expenditure from corporate funds	New York, NY 10001-9998
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Hustle usage fees
	Husile usage lees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Pouro nomo
	Payee name  The Meyement Cooperative
11/12/2020	The Movement Cooperative
Amount (\$)	Payee address; City; State; Zip Code
\$2,809.32	PO Box 20063
Expenditure from corporate funds	New York, NY 10001-9998
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Thrutalk usage fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	<u> </u>
Date	Payee name
12/04/2020	The Movement Cooperative
Amount (\$)	Payee address; City; State; Zip Code
\$1,033.60	PO Box 20063
,	
Expenditure from corporate funds	New York, NY 10001-9998
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Hustle Usage Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### 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 d	complete this form.
1 Total pages Schedule F1:	<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 30/31 Rpt: 35/38	Workers Defense Action Fund PAC 00090521	
4 Date	5 Payee name	<u> </u>
11/04/2020	Thompson, Danielle	
6 Amount (\$) \$281.29  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip C 130 JACKSON LANE #33 SAN MARCOS, TX 78666  (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
		Gross wages
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so	Dught Office held
Date	Payee name	
11/09/2020	Thompson, Danielle	
Amount (\$) \$95.71  Expenditure from corporate funds	Payee address; City; State; Zip C 130 JACKSON LANE #33 SAN MARCOS, TX 78666	Code
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  Gross wages
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
11/06/2020	VanillaGiftcard.com	
Amount (\$) \$29.70  Expenditure from corporate funds	Payee address; City; State; Zip C 250 Williams Street NW 5th Floor Atlanta, GA 30303	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gift for field leads
Complete ONLY if direct expenditure to benefit C/O	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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\neg$
Sch: 31/31 Rpt: 36/38	Workers Defense Action Fund PAC 00090521	
4 Date	5 Payee name	
11/09/2020	Zoom	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$24.87	55 Almaden Boulevard, 6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Conferencing services	
	Connectioning Services	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Date	Payee name	
12/09/2020	Zoom	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.33	55 Almaden Boulevard, 6th Floor	
— Evanditure from		
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORL	Check if Austin, TX, officeholder living expense	
	Conferencing services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to benefit 5, 5.	<u>'</u>	

### SCHEDULE |

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 1/2 Rpt:	Workers Defense Action Fund PAC	00090521	
4 Date	5 Payee name		
11/05/2020	FedEx		
6 Amount (\$)	7 Payee Address; City; State; Zip		
25.05	1910 W Braker Ln		
Expenditure from	A		
corporate funds	Austin, TX 78758	(1)	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Postage service	(b) Description (See instructions regarding type of information required.)  Postage service	
EXPENDITURE	- College Collins	1 ostage service	
Date	Payee name		
11/12/2020	Google Suite		
Amount (\$)	Payee Address; City; State; Zip		
57.56	1600 Amphitheatre Parkway		
Expenditure from			
corporate funds	Mountainview, CA 94043		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Fees	(b) Description (See instructions regarding type of information required.)	
EXPENDITURE	rees	Email/cloud services	
Date	Payee name		
11/24/2020	Intuit Quickbooks		
Amount (\$)	Payee Address; City; State; Zip		
26.65	2632 Marine Way		
Expenditure from	Mountainview CA 04042		
corporate funds	Mountainview, CA 94043		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Accounting Software	
EXPENDITURE	, tooounung/2ammig	Accounting Software	
Date	Payee name		
12/24/2020	Intuit Quickbooks		
Amount (\$)	Payee Address; City; State; Zip		
26.65	2632 Marine Way		
Expenditure from			
corporate funds	Mountainview, CA 94043	-	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Accounting/Banking	(b) Description (See instructions regarding type of information required.)	
EXPENDITURE	Accounting/Banking	Accounting Software	
	1		

#### SCHEDULE I

The Instruction Guide explains how to complete this form.	
1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Workers Defense Action Fund PAC 3 Filer ID (Ethics Commission Filers) 00090521
4 Date 11/03/2020	5 Payee name SurePayroll
6 Amount (\$)  10.65  Expenditure from corporate funds	7 Payee Address; City; State; Zip 2350 Ravine Way Suite 100 Glenview, IL 60025
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required.) Servide Fee
Date 12/03/2020	Payee name SurePayroll
Amount (\$)  0.37  Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite 100 Glenview, IL 60025
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required.) Service Fee
Date 12/18/2020	Payee name SurePayroll
Amount (\$)  146.05  Expenditure from corporate funds	Payee Address; City; State; Zip 2350 Ravine Way Suite 100 Glenview, IL 60025
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required.) Service Fee