

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082725	2 Total pages filed: 36
3 COMMITTEE NAME Working Texans for Paid Sick Time		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/16/2018	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 N Akard Street Suite 3300 Dallas, TX 75201	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Jose	
		NICKNAME LAST SUFFIX Garza	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 500 N Akard Street Suite 3300 Dallas, TX 75201	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 N Akard Street Suite 3300 Dallas, TX 75201	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (202) 654-1753	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED		Month Day Year Month Day Year 01/01/2018 THROUGH 06/30/2018	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/06/2018 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Working Texans for Paid Sick Time		13 Filer ID (Ethics Commission Filers) 00082725
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME _____ OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____
	<input type="checkbox"/> Measure	BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year
	DESCRIPTION _____	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,136,094.70
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,102,545.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,308.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 383,813.82

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.

 Mr. Jose Garza
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

17 COMMITTEE NAME Working Texans for Paid Sick Time	18 Filer ID (Ethics Commission Filers) 00082725
---	---

19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 84,125.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,825,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 226,969.70
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 383,813.82
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,891,816.65
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 210,729.00
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 05/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Henry <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 99999	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrade, Alexander <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barger, Carol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Cecilia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$12,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Garret <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$12,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 05/05/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrne, Dan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Wendy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connelly, Serena <hr/> Contributor address; City; State; Zip Code Information Requested, TX 99999	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creuzot, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Lee <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 05/23/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Carol	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Dallas, TX 75214-3106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donovan, Daniel	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Dallas, TX 75214-3106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallant, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Chris	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Ruel	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 05/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Eric <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraus, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Perry <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lycke, Edith <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-4221	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mostyn, Amber <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 05/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Carol <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsel, Linda <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Bonnie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Beverly <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 04/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Daniel	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmandt, Phillip	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Howard	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Mary	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/3 Rpt: 10/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 06/08/2018	5 Corporation / Labor Organization name Center for Popular Democracy 6 Corporation / Labor Organization address; City; State; Zip Code Brooklyn, NY 11237	7 Amount of contribution (\$) \$95,000.00
Date 06/05/2018	Corporation / Labor Organization name Communication Workers of America Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20001	Amount of contribution (\$) \$50,000.00
Date 04/27/2018	Corporation / Labor Organization name New Future Project LLC (DBA: Way to Win) Corporation / Labor Organization address; City; State; Zip Code Walnut, CA 91789	Amount of contribution (\$) \$100,000.00
Date 04/24/2018	Corporation / Labor Organization name Open Society Policy Center, Inc. Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20006	Amount of contribution (\$) \$750,000.00
Date 05/30/2018	Corporation / Labor Organization name Texas AFL-CIO Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78711	Amount of contribution (\$) \$10,000.00
Date 04/12/2018	Corporation / Labor Organization name Texas Freedom Network Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78767	Amount of contribution (\$) \$10,000.00
Date 04/20/2018	Corporation / Labor Organization name Texas Freedom Network Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78767	Amount of contribution (\$) \$25,000.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/3 Rpt: 11/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 05/25/2018	5 Corporation / Labor Organization name Texas Freedom Network <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78767	7 Amount of contribution (\$) \$100,000.00
Date 05/03/2018	Corporation / Labor Organization name Texas Organizing Project <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78207	Amount of contribution (\$) \$25,000.00
Date 05/03/2018	Corporation / Labor Organization name Texas Organizing Project <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78207	Amount of contribution (\$) \$25,000.00
Date 05/21/2018	Corporation / Labor Organization name Texas Organizing Project <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78207	Amount of contribution (\$) \$100,000.00
Date 06/04/2018	Corporation / Labor Organization name Texas Organizing Project <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78207	Amount of contribution (\$) \$25,000.00
Date 06/11/2018	Corporation / Labor Organization name Texas Organizing Project <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78207	Amount of contribution (\$) \$75,000.00
Date 05/30/2018	Corporation / Labor Organization name Women Donors Network Action <hr/> Corporation / Labor Organization address; City; State; Zip Code San Francisco, CA 94111	Amount of contribution (\$) \$25,000.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/3 Rpt: 12/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 Date 04/09/2018	5 Corporation / Labor Organization name Worker's Defense Action Fund	7 Amount of contribution (\$) \$10,000.00
	6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	
Date 03/09/2018	Corporation / Labor Organization name Working Families Organization, Inc.	Amount of contribution (\$) \$400,000.00
	Corporation / Labor Organization address; City; State; Zip Code Brooklyn, NY 11201	

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: Sch: 1/14 Rpt: 13/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 04/07/2018	5 Corporation / Labor Organization name Faith in Texas 6 Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	7 Amount of contribution(\$) \$225.00	8 In-kind contribution description Canvassing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 04/07/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$40.48	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 04/14/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$1,332.00	In-kind contribution description Canvassing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 04/14/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$40.48	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 04/28/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$1,111.50	In-kind contribution description Canvassing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/05/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$1,611.90	In-kind contribution description Canvassing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/12/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$1,080.00	In-kind contribution description Canvassing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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: Sch: 2/14 Rpt: 14/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 05/12/2018	5 Corporation / Labor Organization name Faith in Texas 6 Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	7 Amount of contribution(\$) \$80.96 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Salaries/Wages/Contract Labor
Date 05/19/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$1,380.60 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Canvassing
Date 05/19/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$80.96 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 05/26/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$449.10 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Canvassing
Date 05/26/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$40.48 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 06/02/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$2,545.20 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Canvassing
Date 06/02/2018	Corporation / Labor Organization name Faith in Texas Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$121.44 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor

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: Sch: 3/14 Rpt: 15/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 06/07/2018	5 Corporation / Labor Organization name Faith in Texas <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	7 Amount of contribution(\$) \$161.92	8 In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/09/2018	Corporation / Labor Organization name Faith in Texas <hr/> Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$1,216.80	In-kind contribution description Canvassing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/09/2018	Corporation / Labor Organization name Faith in Texas <hr/> Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$647.68	In-kind contribution description Canvassing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/16/2018	Corporation / Labor Organization name Faith in Texas <hr/> Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$242.88	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/23/2018	Corporation / Labor Organization name Faith in Texas <hr/> Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$80.96	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Faith in Texas <hr/> Corporation / Labor Organization address; City; State; Zip Code Dallas, TX 75247	Amount of contribution(\$) \$121.44	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Planned Parenthood Texas Votes <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78704	Amount of contribution(\$) \$5,392.96	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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: Sch: 4/14 Rpt: 16/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 05/31/2018	5 Corporation / Labor Organization name TX AFL-CIO <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78710	7 Amount of contribution(\$) \$1,359.82 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Canvassing
Date 05/31/2018	Corporation / Labor Organization name TX AFL-CIO <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78710	Amount of contribution(\$) \$1,178.61 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 06/15/2018	Corporation / Labor Organization name TX AFL-CIO <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78710	Amount of contribution(\$) \$3,239.59 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Canvassing
Date 06/15/2018	Corporation / Labor Organization name TX AFL-CIO <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78710	Amount of contribution(\$) \$1,572.42 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 02/15/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$227.64 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 02/28/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$177.69 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 03/15/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$917.03 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor

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: Sch: 5/14 Rpt: 17/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 03/31/2018	5 Corporation / Labor Organization name Texas Civil Rights Project <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	7 Amount of contribution(\$) \$495.42 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Salaries/Wages/Contract Labor
Date 04/30/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$1,320.81 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 05/15/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$162.35 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 05/31/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$1,148.13 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 06/15/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$3,221.30 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 06/30/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$37,465.97 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Legal Services
Date 06/30/2018	Corporation / Labor Organization name Texas Civil Rights Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78741	Amount of contribution(\$) \$872.90 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor

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: Sch: 6/14 Rpt: 18/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 03/31/2018	5 Corporation / Labor Organization name Texas Freedom Network 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78773	7 Amount of contribution(\$) \$1,022.75 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Salaries/Wages/Contract Labor
Date 04/30/2018	Corporation / Labor Organization name Texas Freedom Network Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78773	Amount of contribution(\$) \$2,235.99 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Advertising Expense - Text Messaging
Date 05/31/2018	Corporation / Labor Organization name Texas Freedom Network Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78773	Amount of contribution(\$) \$7,567.42 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Advertising Expense - Text Messaging
Date 05/31/2018	Corporation / Labor Organization name Texas Freedom Network Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78773	Amount of contribution(\$) \$8,778.67 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Travel/Transportation
Date 06/30/2018	Corporation / Labor Organization name Texas Organizing Project Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78212	Amount of contribution(\$) \$58,703.31 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 05/30/2018	Corporation / Labor Organization name Texas Organizing Project Education Fund Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78212	Amount of contribution(\$) \$8,187.50 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Consulting Expense
Date 06/09/2018	Corporation / Labor Organization name Texas Organizing Project Education Fund Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78212	Amount of contribution(\$) \$7,672.50 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Canvassing

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: Sch: 7/14 Rpt: 19/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 01/31/2018	5 Corporation / Labor Organization name The Fairness Project 6 Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	7 Amount of contribution(\$) \$51.92	8 In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 02/28/2018	Corporation / Labor Organization name The Fairness Project Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$328.05	In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 03/15/2018	Corporation / Labor Organization name The Fairness Project Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$302.09	In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 03/30/2018	Corporation / Labor Organization name The Fairness Project Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$633.31	In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 04/13/2018	Corporation / Labor Organization name The Fairness Project Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$302.09	In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 04/17/2018	Corporation / Labor Organization name The Fairness Project Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$166.67	In-kind contribution description Advertising Expense - Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 04/30/2018	Corporation / Labor Organization name The Fairness Project Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$3,500.00	In-kind contribution description Advertising Expense - Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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: Sch: 8/14 Rpt: 20/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 04/30/2018	5 Corporation / Labor Organization name The Fairness Project <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	7 Amount of contribution(\$) \$581.38	8 In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/15/2018	Corporation / Labor Organization name The Fairness Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$665.88	In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/31/2018	Corporation / Labor Organization name The Fairness Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$1,479.92	In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/05/2018	Corporation / Labor Organization name The Fairness Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$42.85	In-kind contribution description Advertising Expense - Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/15/2018	Corporation / Labor Organization name The Fairness Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$200.00	In-kind contribution description Advertising Expense - Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/15/2018	Corporation / Labor Organization name The Fairness Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$1,209.98	In-kind contribution description Consulting Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/29/2018	Corporation / Labor Organization name The Fairness Project <hr/> Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	Amount of contribution(\$) \$41.25	In-kind contribution description Advertising Expense - Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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: Sch: 9/14 Rpt: 21/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 06/29/2018	5 Corporation / Labor Organization name The Fairness Project 6 Corporation / Labor Organization address; City; State; Zip Code Washington, DC 20009	7 Amount of contribution(\$) \$756.83 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Consulting Expense
Date 03/23/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$3,280.74 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 03/23/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$968.80 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 03/31/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$30.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food/Beverage Expense
Date 04/02/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$30.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food/Beverage Expense
Date 04/06/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$3,280.74 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 04/06/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$1,176.40 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor

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: Sch: 10/14 Rpt: 22/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 04/20/2018	5 Corporation / Labor Organization name Workers Defense Action Fund 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	7 Amount of contribution(\$) \$3,280.74 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Salaries/Wages/Contract Labor
Date 04/20/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$1,280.20 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 04/30/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$60.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food/Beverage Expense
Date 04/30/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$120.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food/Beverage Expense
Date 04/30/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$150.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Office Overhead - Supplies and Materials
Date 05/07/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$3,280.74 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 05/07/2018	Corporation / Labor Organization name Workers Defense Action Fund Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$1,314.80 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor

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: Sch: 11/14 Rpt: 23/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 05/11/2018	5 Corporation / Labor Organization name Workers Defense Action Fund <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	7 Amount of contribution(\$) \$28.50	8 In-kind contribution description Travel/Transportation <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/12/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$3,000.00	In-kind contribution description Polling Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/23/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$3,280.74	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/23/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$1,314.80	In-kind contribution description Salaries/Wages/Contract Labor <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/31/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$145.06	In-kind contribution description Advertising, Printing Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/31/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$53.18	In-kind contribution description Office Overhead - Supplies and Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 05/31/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$61.73	In-kind contribution description Office Overhead - Supplies and Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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: Sch: 12/14 Rpt: 24/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 05/31/2018	5 Corporation / Labor Organization name Workers Defense Action Fund <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	7 Amount of contribution(\$) \$2.70 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Office Overhead - Supplies and Materials
Date 06/06/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$182.94 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Advertising, Printing Expense
Date 06/06/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$3,280.74 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 06/06/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$692.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor
Date 06/11/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$30.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food/Beverage Expense
Date 06/19/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$60.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food/Beverage Expense
Date 06/20/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$8,015.18 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Salaries/Wages/Contract Labor

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: Sch: 13/14 Rpt: 25/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 06/30/2018	5 Corporation / Labor Organization name Workers Defense Action Fund <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	7 Amount of contribution(\$) \$205.59	8 In-kind contribution description Travel/Transportation <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$68.23	In-kind contribution description Food/Beverage Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$60.00	In-kind contribution description Food/Beverage Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$30.00	In-kind contribution description Food/Beverage Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$30.00	In-kind contribution description Food/Beverage Expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$219.90	In-kind contribution description Office Overhead - Supplies and Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date 06/30/2018	Corporation / Labor Organization name Workers Defense Action Fund <hr/> Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723	Amount of contribution(\$) \$81.39	In-kind contribution description Travel/Transportation <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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: Sch: 14/14 Rpt: 26/36	
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725	
4 Date 06/30/2018	5 Corporation / Labor Organization name Workers Defense Action Fund	7 Amount of contribution(\$) \$30.00	8 In-kind contribution description Travel/Transportation
	6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date 05/02/2018	Corporation / Labor Organization name Workers Defense Project	Amount of contribution(\$) \$6,000.00	In-kind contribution description Consulting Expense
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Date 05/23/2018	Corporation / Labor Organization name Workers Defense Project	Amount of contribution(\$) \$6,049.08	In-kind contribution description Consulting Expense
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78723		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 27/36
2 FILER NAME Working Texans for Paid Sick Time		3 Filer ID (Ethics Commission Filers) 00082725
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/06/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) The Fairness Project	9 Loan Amount (\$) \$383,813.82
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Washington, DC 20009	10 Interest Rate 12%
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> N/A
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 28/36	2 FILER NAME Working Texans for Paid Sick Time	3 Filer ID (Ethics Commission Filers) 00082725
4 Date 05/23/2018	5 Payee name ActBlue Texas	
6 Amount (\$) \$221.20	7 Payee address; City; State; Zip Code PO Box 441146 Sommerville, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Service Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2018	Payee name ActBlue Texas	
Amount (\$) \$268.60	Payee address; City; State; Zip Code PO Box 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2018	Payee name ActBlue Texas	
Amount (\$) \$94.61	Payee address; City; State; Zip Code PO Box 441146 Sommerville, ME 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Service Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/8 Rpt: 29/36	2	FILER NAME Working Texans for Paid Sick Time	3	Filer ID (Ethics Commission Filers) 00082725
4	Date 06/08/2018	5	Payee name ActBlue Texas		
6	Amount (\$) \$659.65	7	Payee address; City; State; Zip Code PO Box 441146 Sommerville, ME 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Service Fees		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 06/16/2018		Candidate/Officeholder name Office sought Office held		
	Amount (\$) \$5.64		Payee name ActBlue Texas Payee address; City; State; Zip Code PO Box 441146 Sommerville, ME 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Service Fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 06/27/2018		Candidate/Officeholder name Office sought Office held		
	Amount (\$) \$106.90		Payee name Amalgamated Bank Payee address; City; State; Zip Code 1825 K Street, N.W Washington, DC 20006		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/8 Rpt: 30/36	2	FILER NAME Working Texans for Paid Sick Time	3	Filer ID (Ethics Commission Filers) 00082725
4	Date 05/16/2018	5	Payee name Amalgamated Bank		
6	Amount (\$) \$101.22	7	Payee address; City; State; Zip Code 1825 K Street, N.W Washington, DC 20006		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/19/2018		Payee name Amalgamated Bank		
	Amount (\$) \$92.97		Payee address; City; State; Zip Code 1825 K Street, N.W Washington, DC 20006		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/26/2018		Payee name Fieldworks, LLC		
	Amount (\$) \$383,813.82		Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/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: Sch: 4/8 Rpt: 31/36	2 FILER NAME Working Texans for Paid Sick Time	3 Filer ID (Ethics Commission Filers) 00082725
4 Date 03/09/2018	5 Payee name Fieldworks, LLC	
6 Amount (\$) \$191,906.91	7 Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/21/2018	Payee name Fieldworks, LLC	
Amount (\$) \$191,906.91	Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/04/2018	Payee name Fieldworks, LLC	
Amount (\$) \$191,906.91	Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/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: Sch: 5/8 Rpt: 32/36	2 FILER NAME Working Texans for Paid Sick Time	3 Filer ID (Ethics Commission Filers) 00082725
4 Date 06/11/2018	5 Payee name Fieldworks, LLC	
6 Amount (\$) \$180,000.00	7 Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/29/2018	Payee name Fieldworks, LLC	
Amount (\$) \$130,000.00	Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/07/2018	Payee name Fieldworks, LLC	
Amount (\$) \$120,000.00	Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/8 Rpt: 33/36	2	FILER NAME Working Texans for Paid Sick Time	3	Filer ID (Ethics Commission Filers) 00082725
4	Date 05/23/2018	5	Payee name Fieldworks, LLC		
6	Amount (\$) \$100,000.00	7	Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/02/2018		Payee name Google		
	Amount (\$) \$69.29		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email/Server Services		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/04/2018		Payee name Google		
	Amount (\$) \$69.29		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email/Server Services		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 34/36	2 FILER NAME Working Texans for Paid Sick Time	3 Filer ID (Ethics Commission Filers) 00082725
4 Date 04/02/2018	5 Payee name Google	
6 Amount (\$) \$36.61	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountainview, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email/Server Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2018	Payee name Sabinas Coffee House	
Amount (\$) \$279.00	Payee address; City; State; Zip Code 2303 W Commerce St San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee for campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2018	Payee name Working Families Organization	
Amount (\$) \$400,000.00	Payee address; City; State; Zip Code 1 Metrotech Center North, 11th Floor Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 35/36	2 FILER NAME Working Texans for Paid Sick Time	3 Filer ID (Ethics Commission Filers) 00082725
4 Date 04/17/2018	5 Payee name Worley Printing	
6 Amount (\$) \$277.12	7 Payee address; City; State; Zip Code 3217 N. I-35 Austin, TX 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Stickers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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: Sch: 1/1 Rpt: 36/36	2 FILER NAME Working Texans for Paid Sick Time	3 Filer ID (Ethics Commission Filers) 00082725
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 06/30/2018	6 Payee name Fieldworks, LLC	
7 Amount (\$) \$210,729.00	8 Payee address; City; State; Zip Code PO Box 9897 Washington, DC 20016	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held