GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	2 Total pages filed: 18				
3	COMMITTEE NAME					OFFICE USE ONLY
	Families 4 Every C	Child				Date Received
						ELECTRONICALLY FILED 07/14/2023
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY;	STATE; ZIP C	ODE	
	ADDRESS	10245 Kempwood Dr.				Date Hand-delivered or Date Postmarked
		Ste. E Unit #5020				Date Hand-delivered of Date Fostmarked
	Change of Address	Houston, TX 77043				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Mr. Richard J.				
		NICKNAME LAST				SUFFIX
		Griffin				
6		STREET ADDRESS (NO PO BOX PLEASE	;	APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER STREET	8709 Cedarspur Dr.				
	ADDRESS					
	(Residence or Business)	Houston, TX 77055				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	MAILING	8709 Cedarspur Dr.				
	ADDRESS					
	Change of Address	Houston, TX 77055				
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION		
	TREASURER PHONE	(713) 489-5527				
L	BEBODT					
9	REPORT TYPE	January 15	30th	day before election		Dissolution (Attach PAC-DR)
			8th d	ay before election		10th day after campaign treasurer termination
		X July 15	Runc	off		termination
10	PERIOD	Month Day Year		Month	Day	Year
1	COVERED	· ·	THR		30/2023	
11	ELECTION	ELECTION DATE		ELECTION T	YPE	
		Month Day Year	Prin	nary Runoff		X Other
		05/06/2023	Gen	ieral Special		School Board
				_		
		GO	то	PAGE 2		
	rms provided by Te					Version V3.5.1.a18ea2ca
	ins provided by Te	xas Ethics Commission www.	eu 110	cs.state.tx.us		VEISIULI V3.3.1.810882C8

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Families 4 Every Child			000866	01
14 COMMITTEE	1. Candidates	A. Supported David Lopez School Board Tru	ustee	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain				
paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location			
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS) POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR	\$	0.00
		ADE ELECTRONICALLY) qualifies for the higher itemization threshold	l [*]	0.00
	2. TOTAL POLITICA	·		
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,666.42
	3. TOTAL UNITEMIZED) POLITICAL EXPENDITURES		
TOTALS			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	
			l [*]	3,559.01
CONTRIBUTION	5. TOTAL POLITICAL C	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY .	
BALANCE	OF THE REPORTING	G PERIOD	\$	194.66
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF 1	THE	
LOAN TOTALS	LAST DAY OF THE I	REPORTING PERIOD	\$	3,700.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pe true and correct and includes all inform	rjury, that tr nation requ	he accompanying report is ired to be reported by me
		under Title 15, Election Code.		
		Mr. Richa	rd J. Griffir	n
		Signature of Ca	mpaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of a	officer administering oath
				and a daministrating out
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

						Page 3 of 18
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Families 4 Every Child					00086602	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	ed Becky Dov	vns School Bo	ard Trustee	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	t			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	applicable, classify by party.)					

รเ	JBT	OTALS - GPAC	С	FORM GPAC OVER SHEET PG 3 4 of 18
17 CON Fan	MMITTI	(Ethics Commission Filers)		
19 SCH NAM	IEDUL /IE OF	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,666.42
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	Х	SCHEDULE E: LOANS		\$ 3,700.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,559.01
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 5/18 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Families 4 Every Child 00086601 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/03/2023 Braniff, Heather \$103.45 6 Contributor address; City; State; Zip Code Houston, TX 77079 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Domestic queen Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/02/2023 \$309.95 Graff, Hans Contributor address; City; State; Zip Code Houston, TX 77055 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/06/2023 Hall, Cyndi \$150.00 Contributor address; City; State; Zip Code Houston, TX 77080 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/04/2023 \$250.00 Hughes, Jim Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Various Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/10/2023 Krejci, Gene \$103.45 Contributor address; City; State; Zip Code Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) CFO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/18		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Families 4 E	very Child		00086601		
4	Date	ate 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	02/16/2023	23 Lezama, Noel				\$516.45
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77080				
8	Principal occu		Employer (See Instructions	<u>ເ</u>		
ľ	Consultant			,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 4.00.45
	04/07/2023	McHale, Timothy				\$103.45
		Contributor address; City; State; Zip Code				
		Houston, TX 77079				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/07/2023	Moidel, Alan				\$26.01
	Contributor address; City; State; Zip Code					
		Houston, TX 77079				
	Principal occupation / Job title (See Instructions) Employer (See Instruction			;)		
	Accountant					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/10/2023	Sheil-Hopper, Cathleen	······································			\$51.83
		Contributor address; City; State; Zip Code				
		contributor address, City, State, Zip code				
		Houston, TX 77055				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
		ator (Lic. Spec. School Psych.)		,		
⊨				<u> </u>	Amount of Contribution (f)	
	Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: Smith, Laura)		Amount of Contribution (\$)	\$51.83
	04/12/2023					<i>ф</i> ЭТ.03
		Contributor address; City; State; Zip Code				
l		Houston TX 77024				
⊢	Duineir - L	Houston, TX 77024				
		pation / Job title (See Instructions)	Employer (See Instructions)		
∟	Finance					
1						

LOANS					SCHEDULE E
The Instruction Guide explains how to complete this form				ges Schedule E: 1 Rpt: 7/18	
2 FILER NAME Families 4 Every	/ Child			3 Filer ID 000866	(Ethics Commission Filers) 01
⁴ TOTAL OF UN	IITEMIZED LOANS				\$
5 Date of loan 06/30/2023	7 Name of lender out-o	of-state PA	C (ID#:)	9 Loan Amount (\$) \$3,700.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
No	HOUSTON, TX 77055				11 Maturity Date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Col	ateral		15 Check if personal funds we	re deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
20 Principal occupation	L DN		21 Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:						
Sch: 1/11 Rpt: 8/18	Families 4 Every Child 00086601					
4 Date	5 Payee name					
01/09/2023	Anytime Mailbox					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$9.99	2831 St Rose Pkwy					
Expenditure from	Ste 200					
corporate funds	Henderson, NV 89052					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Office Overhead/Rental Expense					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Rent					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/06/2023	Anytime Mailbox					
Amount (\$)	Payee address; City; State; Zip Code					
\$9.99	2832 St Rose Pkwy					
40.00						
Expenditure from corporate funds	Ste 201 Henderson, NV 89053					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
03/06/2023	Anytime Mailbox					
Amount (\$)	Payee address; City; State; Zip Code					
\$9.99	2833 St Rose Pkwy					
φ9.99						
Expenditure from	Ste 202					
corporate funds	Henderson, NV 89054					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking 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: 2/11 Rpt: 9/18	Families 4 Every Child 00086601					
4 Date 04/06/2023	5 Payee name Anytime Mailbox					
6 Amount (\$) \$9.99 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2834 St Rose Pkwy Ste 203 Henderson, NV 89055					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/06/2023	Anytime Mailbox					
Amount (\$) \$9.99	Payee address; City; State; Zip Code 2835 St Rose Pkwy Ste 204					
Expenditure from corporate funds	Henderson, NV 89056					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
01/03/2023	EveryAction Inc.					
Amount (\$) \$378.43	Payee address; City; State; Zip Code 1445 New York Aave NW Ste 200 Washington, DC 20005					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Platform Expense 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)				
Sch: 3/11 Rpt: 10/18	Families 4 Every Child 00086601					
4 Date	5 Payee name					
02/10/2023	EveryAction Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$378.43	1445 New York Aave NW					
	Ste 200					
Expenditure from corporate funds	Washington, DC 20005					
8 PURPOSE						
OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description					
EXPENDITURE	Solicitation/Fundraising Expense					
	Donation Platform Expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
03/02/2023	EveryAction Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$393.56	1445 New York Aave NW					
\$000.00						
Expenditure from corporate funds	Ste 200 Washington, DC 20005					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description					
	Donation Platform Expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/10/2023	EveryAction Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$393.56						
4000.00	Ste 200					
Expenditure from						
corporate funds	Washington, DC 20005					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Solicitation/Fundraising Expense					
	Check if Austin, TX, officeholder living expense Donation Platform Expense					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	0					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer					
Sch: 4/11 Rpt: 11/18	Families 4 Every Child 00086601					
4 Date	5 Payee name					
04/14/2023	EveryAction Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$335.79	1445 New York Aave NW					
	Ste 200					
Expenditure from corporate funds	Washington, DC 20005					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Solicitation/Fundraising Expense					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Donation Platform Expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/28/2023	EveryAction Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$199.56	1446 New York Aave NW					
	Ste 201					
Expenditure from corporate funds	Washington, DC 20006					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Eundraising Expense					
EXPENDITURE	Solicitation/Fundraising Expense					
	Donation Platform Expense					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	4					
Date	Payee name					
05/25/2023	EveryAction Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$928.91	1447 New York Aave NW					
	Ste 202					
Expenditure from corporate funds	Washington, DC 20007					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Solicitation/Fundraising Expense					
EXPENDITURE	EXPENDITURE					
Donation Platform Expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: Sch: 5/11 Rpt: 12/18	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Families 4 Every Child 00086601					
4 Date	5 Payee name					
02/06/2023	FedEx Office					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$48.82	9762 Katy Fwy					
Expenditure from	Ste 200					
corporate funds	Houston, TX 77055					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	Printing Expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
01/03/2023	Microsoft					
Amount (\$)	Payee address; City; State; Zip Code					
\$25.58	One Microsoft Way					
Expenditure from corporate funds	Redmond, WA 98052					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Office Overhead/Rental Expense					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Office Overhead					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/02/2023	Microsoft					
Amount (\$)	Payee address; City; State; Zip Code					
\$25.58						
φ23.30						
Expenditure from corporate funds	Redmond, WA 98052					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Office Overhead/Rental Expense					
	Check if Austin, TX, officeholder living expense Office Overhead					
Office Overneau						
Complete ONU V Stalls						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking 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: 6/11 Rpt: 13/18	Families 4 Every Child 00086601				
4 Date 03/02/2023	5 Payee name Microsoft				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$25.58	One Microsoft Way				
Expenditure from corporate funds	Redmond, WA 98052				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/03/2023	Microsoft				
Amount (\$)	Payee address; City; State; Zip Code				
\$25.58	One Microsoft Way				
Expenditure from corporate funds	Redmond, WA 98052				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/02/2023	Microsoft				
Amount (\$) \$25.58	Payee address; City; State; Zip Code One Microsoft Way				
Expenditure from corporate funds	Redmond, WA 98052				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E: - Gitt/Awards/Memorials Expense Printing E	ayment/Reimbursement Solic rrhead/Rental Expense Trans pense Trave xpense Trave vages/Contract Labor OTH	itation/Fundraising Expense sportation Equipment & Related Expense el in District el Out of District ER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer	r ID (Ethics Commission Filers)		
Sch: 7/11 Rpt: 14/18	Families 4 Every Child	000	86601		
4 Date	5 Payee name	· ·			
02/27/2023	NS Media, LLC				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$62.51	400 Windermere Dr.				
Expenditure from corporate funds	Lakeland, FL 33809				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Advertising Expense	Check if travel outside of T Check if Austin, TX, officel	Texas. Complete Schedule T. holder living expense		
		Internet Marketing	IUIUEI IIViirig expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held		
Date	Payee name				
02/27/2023	NS Media, LLC				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$50.00	400 Windermere Dr.				
Expenditure from corporate funds	Lakeland, FL 33809				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet Marketing				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght	Office held		
Date	Payee name				
01/03/2023	Paragon Solutions				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$25.00	2141 East Broadway Rd.				
	Ste 202				
Expenditure from corporate funds	Tempe, AZ 85282				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of T Check if Austin, TX, officel Credit Card Process			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght	Office held		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Bevrage Expense Polling Ex - Gift/Awards/Memorials Expense Printing E	xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File				
Sch: 8/11 Rpt: 15/18	Families 4 Every Child	00086601			
4 Date 02/02/2023	5 Payee name Paragon Solutions				
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282				
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 Credit Card Processing				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght Office held			
Date	Payee name				
03/02/2023	Paragon Solutions				
Amount (\$) \$48.98	Payee address; City; State; Zip Co 2141 East Broadway Rd. Ste 202	de			
Expenditure from corporate funds	Tempe, AZ 85282				
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 Credit Card Processing			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght Office held			
Date	Payee name				
04/03/2023	Paragon Solutions				
Amount (\$) \$26.24 Expenditure from corporate funds	Payee address; City; State; Zip Co 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282	ode			
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 Credit Card Processing			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Event Expense Loan Accounting/Banking Fees Office Consulting Expense Food/Beverage Expense Pollin Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printit		Loan Repayr Office Overh Polling Exper Printing Exper Salaries/Wag	nent/Reimbursement ead/Rental Expense ise inse es/Contract Labor	Transportation E Travel in District Travel Out of Di	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)	
Sch: 9/11 Rpt: 16/18	Families 4 Every C	hild			00086601		
4 Date	5 Payee name	5 Payee name					
05/02/2023	Paragon Solutions						
6 Amount (\$)	7 Payee address; 0	City; State;	Zip Code	9			
\$26.37	2141 East Broadwa	ay Rd.					
	Ste 202						
Expenditure from corporate funds	Tempe, AZ 85282						
	-						
8 PURPOSE OF		es listed at the top of this sche	edule) (k	Description			
EXPENDITURE	Fees				outside of Texas. Com n, TX, officeholder living		
				Credit Card F		g exhense	
					locessing		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	r name O	ffice sough	t	Office h	eld	
Date	Payee name						
01/31/2023	Wells Fargo						
Amount (\$)	Payee address;	City; State;	Zip Code	<u>\</u>			
\$10.00	420 Montgomery S		p 0000				
φ10.00	420 Montgomery 3	L					
Expenditure from corporate funds	San Francisco, CA	94104					
PURPOSE OF EXPENDITURE	(a) Category (See Categor Fees	es listed at the top of this sche	edule) (k		outside of Texas. Com n, TX, officeholder living ENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	r name O	ffice sough	t	Office h	eld	
Date	Payee name						
02/28/2023	Wells Fargo						
			710 0-1				
Amount (\$)	•	3 · · · · · · · · · · · · · · · · · · ·	Zip Code				
\$10.00	420 Montgomery S	τ					
Expenditure from corporate funds	San Francisco, CA	94104					
PURPOSE	(a) Category (See Categor	es listed at the top of this sche	edule) (k) Description			
OF	Fees		Í.		outside of Texas. Com	nplete Schedule T.	
EXPENDITURE				Check if Austin	n, TX, officeholder living	g expense	
Banking Expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	r name O	ffice sough	t	Office h	eld	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayn Fees Office Overhe Food/Beverage Expense Polling Exper y - Gift/Awards/Memorials Expense Printing Expe	nent/Reimbursement Solicitation/Fundraising Expense rad/Rental Expense Transportation Equipment & Related Expense se Travel in District nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer					
Sch: 10/11 Rpt: 17/18	Families 4 Every Child	00086601				
4 Date 03/31/2023	5 Payee name Wells Fargo					
6 Amount (\$) \$10.00	 7 Payee address; City; State; Zip Code 420 Montgomery St 					
corporate funds	San Francisco, CA 94104					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held				
Date	Payee name					
04/28/2023	Wells Fargo					
Amount (\$) \$10.00	Payee address; City; State; Zip Code 420 Montgomery St					
Expenditure from corporate funds	San Francisco, CA 94104					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Expense 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held				
Date	Payee name					
05/31/2023	Wells Fargo					
Amount (\$) \$10.00	Payee address; City; State; Zip Code 420 Montgomery St					
Expenditure from corporate funds	San Francisco, CA 94104					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Expense 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Ever Fees Food - Gift/ I Committee Lega	EXPENDITURE CATEGO It Expense //Beverage Expense wards/Memorials Expense I Services Instruction Guide explains	Loan Repaymer Office Overhead Polling Expense Printing Expens Salaries/Wages	ht/Reimbursement i/Rental Expense e /Contract Labor	Transportation Travel in Distri Travel Out of D	
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 11/11 Rpt: 18/18	Families 4 Eve	ry Child			00086601	
4 Date 06/30/2023	5 Payee name Wells Fargo					
6 Amount (\$) \$10.00	7 Payee address;420 Montgome		e; Zip Code			
Expenditure from corporate funds	San Francisco,	CA 94104				
8 PURPOSE OF EXPENDITURE	(a) Category _{(See Ca} Fees	tegories listed at the top of this sc	hedule) (b)		outside of Texas. Co , TX, officeholder livin ENSE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeh	older name	Office sought		Office I	neld