FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084205 3 COMMITTEE NAME **OFFICE USE ONLY** Houstonians for Working Families Date Received **ELECTRONICALLY FILED** 07/17/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 8373 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77004 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Roosevelt NAME NICKNAME LAST **SUFFIX** Daniels III STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1401 Cleburne St. STREET **ADDRESS** (Residence or Business) Houston, TX 77004 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1401 Cleburne St. MAILING **ADDRESS** Houston, TX 77004 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (601) 832-4301 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/07/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Houstonians for Work	king Families		00084205	,
4 COMMITTEE	1. Candidates	A. Supported		
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.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	50,975.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	3,040.04
	4. TOTAL POLITICA	L EXPENDITURES	\$	83,252.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	24.62
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Roosevi Signature of Ca	elt Daniels III	
AFFIX NOTAF	RY STAMP / SEAL ABOVE	Signature of Cal	mpaigir rreasu	ici
		, tl	nis the	day
01	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	cer administering oath
2.3		and the same of th	5 51110	

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 22
17 COI	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
Hou	ustonia	ns for Working Families	00084205	•	,
		E SUBTOTALS			
l		SCHEDULE		SUBTOTAL A	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50,975.80
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	Ш	(Ψ	
		COLIED III E D. DI EDCED CONTRIBUTIONO			
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R		
4.	Ш	ORGANIZATION		\$	
		COLUED III E CO. NON MONETARY (IN VIND) CONTRIBUTIONS FROM CORRORD	A TION OR		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
	<u> </u>			<u> </u>	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$	
l ''	ш	ORGANIZATION		Φ	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	83,252.35
-					
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	ш			ļ*	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
13.	Ш	SCHEDOLE F4. EXPENDITORES MADE BY CREDIT CARD		 \$	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	PETLIBNED		
15.	Ш	TO FILER	TETOTALES	\$	
i					
l					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/22		
2	FILER NAME Houstonians for Working Families				Filer ID (Ethics Commission 00084205	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Advance Diagnostics Health Systems 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$	10,000.00
_	Deignaignal annu	Houston, TX 77002	O Familia var (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 05/05/2023	Full name of contributor X out-of-state PAC (ID#: Communications Workers of America Contributor address; City; State; Zip Code Washington, DC 20001	C00002089)		Amount of Contribution (\$) \$	30,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/15/2023	Full name of contributor out-of-state PAC (ID#:_ The Daniels Group Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringinal occu	Houston, TX 77004 pation / Job title (See Instructions)	Employer (See Instructions			
	T inicipal occu	pation 7 300 title (See Instituctions)	Employer (See mail delions			
	Date 04/18/2023	Full name of contributor out-of-state PAC (ID#:_ The Daniels Group Contributor address; City; State; Zip Code Houston, TX 77004)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/03/2023	Full name of contributor out-of-state PAC (ID#:_ The Daniels Group Contributor address; City; State; Zip Code Houston, TX 77004			Amount of Contribution (\$)	\$300.80
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/22	
2	FILER NAME Houstonians	s for Working Families	3 Filer ID (Ethics Commission Filers) 00084205	
4	Date 02/15/2023	 Full name of contributor		7 Amount of Contribution (\$) \$400.00
		Houston, TX 77004		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	Date 05/04/2023	Full name of contributor out-of-state PAC (Yoo, Daniel Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$10,000.00	
	Principal occu	Houston, TX 77079 upation / Job title (See Instructions)	Employer (See Instruction Surestone Capital	ns)

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal range Calcadala E4.	
1 Total pages Schedule F1: Sch: 1/17 Rpt: 6/22	2 FILER NAME Houstonians for Working Families 3 Filer ID (Ethics Commission Filers) 00084205
4 Date	5 Payee name
01/23/2023	ADP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$135.00	4650 Westway Park Blvd.
Expenditure from corporate funds	Houston, TX 77041
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Payroll Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/20/2023	ADP
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	4650 Westway Park Blvd.
Ψ30.00	4000 Westway Faire Diva.
Expenditure from corporate funds	Houston, TX 77041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll Fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/27/2023	ADP
Amount (\$)	Payee address; City; State; Zip Code
, ,	4650 Westway Park Blvd.
\$64.98	4000 Westway Park Bivu.
Expenditure from corporate funds	Houston, TX 77041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/17 Rpt: 7/22	Houstonians for Working Families 00084205
4 Date	5 Payee name
02/01/2023	ADP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$86.38	4650 Westway Park Blvd.
Expenditure from corporate funds	Houston, TX 77041
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll Fee
	T ayron 1 cc
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
03/03/2023	ADP
Amount (\$)	Payee address; City; State; Zip Code
\$64.98	4650 Westway Park Blvd.
Expenditure from	
corporate funds	Houston, TX 77041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Fee
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/31/2023	ADP
Amount (\$)	Payee address; City; State; Zip Code
\$64.98	4650 Westway Park Blvd.
Expenditure from corporate funds	Houston, TX 77041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	Salarie		s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed al	oove)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 3/17 Rpt: 8/22			s for Working Fa	milies				00084205		
4	Date	5	Payee name								
	04/21/2023		ADP								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$50.00		4650 Westv	vay Park Blvd.							
	Expenditure from corporate funds		Houston, TX	< 77041							
8	PURPOSE	(a)	0-1		- 4 441 1 1-1-	(b)	Description				
_	OF	``	Fees	ee Categories listed at the	e top of this scriedule)	(")	_	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE						ш	ı, TX,	officeholder livin	g expense	
							Payroll Fee				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Office s	ought			Office h	eld	
	Date		Payee name								
	04/28/2023		ADP								
	Amount (\$)	H	Payee addres	ss; City;	State; Zip	Code					
	\$64.98		4650 Westv	vay Park Blvd.							
	Expenditure from corporate funds		Houston, TX	K 77041							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE		Fees						de of Texas. Con officeholder livin	nplete Schedule T.	
							Payroll Fee	ι, ι Λ,	, officeriolaer livin	g expense	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	ouaht			Office h	eld	
	expenditure to benefit C/OI					3					
	Date		Payee name								
	06/02/2023		ADP								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$64.98		4650 Westv	vay Park Blvd.							
	Expenditure from corporate funds		Houston, TX	K 77041							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Fees				=			nplete Schedule T.	
							Payroll Fee	I, IX,	officeholder livin	g expense	
							. ayron i cc				
	Complete ONLY if direct	Щ,	Candidate/Offi	ceholder name	Office s	Ought			Office h	eld	
	expenditure to benefit C/OI		Januiuale/OIII	Conduct Haine	Offices	Jugiil			Office II	Ciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	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: 4/17 Rpt: 9/22	Houstonians for Working Families		00084205
4 Date	5 Payee name		
06/30/2023	ADP		
6 Amount (\$) \$64.98	7 Payee address; City; State; 4650 Westway Park Blvd.	Zip Code	
Expenditure from corporate funds	Houston, TX 77041		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		office sought	Office held
Date	Payee name		
01/03/2023	Agora Haus		
Amount (\$)		Zip Code	
\$165.00	1614 Center St.		
Expenditure from corporate funds	Houston, TX 77007		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Event Expense	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ffice sought	Office held
Date	Payee name		
02/10/2023	Agora Haus		
Amount (\$) \$165.00	Payee address; City; State; 1614 Center St.	Zip Code	
Expenditure from corporate funds	Houston, TX 77007		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Event Expense	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/17 Rpt: 10/22	Houstonians for Working Families 00084205
4 Date	5 Payee name
04/03/2023	Agora Haus
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$165.00	1614 Center St.
- "	
Expenditure from corporate funds	Houston, TX 77007
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Event fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/02/2023	Payee name Agora Haus
Amount (\$)	Payee address; City; State; Zip Code
\$165.00	1614 Center St.
Expenditure from corporate funds	Houston, TX 77007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
	Check if Austin, TX, officeholder living expense Event fee
	Eventilee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
05/02/2023	Agora Haus
Amount (\$)	Payee address; City; State; Zip Code
\$165.00	1614 Center St.
Expenditure from	
corporate funds	Houston, TX 77007
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Event fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/17 Rpt: 11/22	Houstonians for Working Families 00084205
4 Date	5 Payee name
02/16/2023	Becks Prime
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$73.52	2902 Kirby Dr,
Expenditure from corporate funds	Houston, FL 77098
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff lunch
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/06/2023	Common Bond
Amount (\$)	Payee address; City; State; Zip Code
\$84.58	4201 Main St Ste 110
Expenditure from corporate funds	Houston, TX 77002
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Catering
	Sales in g
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/14/2023	Graces on Kirby
Amount (\$) \$191.02	Payee address; City; State; Zip Code 3111 Kirby Dr
Φ131.02	STIT NIDY DI
Expenditure from corporate funds	Houston, TX 77098
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Staff meeting
Complete ONII V If all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 7/17 Rpt: 12/22	Houstonians for Working Families		00084205	
4 Date	5 Payee name			
02/09/2023	Hotel Zaza			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$395.17	5701 Main St			
Expenditure from corporate funds	Houston, TX 77005			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	າ	
OF EXPENDITURE	Event Expense		ravel outside of Texas. Com	
			Austin, TX, officeholder living	expense
		Loughly ii	or consultant	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office he	ald
expenditure to benefit C/O		ym	Office fie	aru -
Data				
Date 05/23/2023	Payee name			
	Istorage			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$410.00	5503 Almeda Rd			
Expenditure from				
corporate funds	Houston, TX 77004			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense		ravel outside of Texas. Com Austin, TX, officeholder living	
		Storage u		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/O	4			
Date	Payee name			
01/30/2023	Istorage			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$328.80	5503 Almeda Rd			
Expenditure from corporate funds	Houston, TX 77004			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	 1	
OF	Office Overhead/Rental Expense		ravel outside of Texas. Com	plete Schedule T.
EXPENDITURE	'		Austin, TX, officeholder living	expense
		Storage u	ınıt	
			=	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul H	gnt	Office he	eia
- p - 1.12.12 12 30.10.11 0/01				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/17 Rpt: 13/22	Houstonians for Working Families	00084205
4 Date	5 Payee name	
03/10/2023	Kwik Kopy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$105.19	4001 San Jacinto St	
Expenditure from		
corporate funds	Houston, TX 77004	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing
		Timung
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		0.11.50
Date	Payee name	
02/10/2023	Our Legends Cigar & Lounge	
Amount (\$)	Payee address; City; State; Zip Code	
\$161.93	5312 Almeda Rd	
Ψ101.33	3312 Aimeda Nu	
Expenditure from corporate funds	Houston, TX 77004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff gathering
		g
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
06/20/2023	Our Legends Cigar & Lounge	
Amount (\$)	Payee address; City; State; Zip Code	
\$167.76	5312 Almeda Rd	
7200	00 /034	
Expenditure from corporate funds	Houston, TX 77004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Staff gathering
On and the ONE Wife diagram	Out lide to 10 ff and a day a superior	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/17 Rpt: 14/22	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/20/2023	Perry's Steakhouse
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$520.08	114 W 7th St,
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meal with staff
	Wiedi With Stail
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/14/2023	Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$110.00	5310 S Rice Ave
Expenditure from corporate funds	Houston, TX 77081
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
	Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п
Date	Payee name
05/01/2023	Shell Station
Amount (\$)	Payee address; City; State; Zip Code
\$71.30	6019 Almeda Rd
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	l —
	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Traver in District
EXPENDITURE	Check if Austin, TX, officeholder living expense Fuel
EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Fuel Candidate/Officeholder name Office sought Office held
EXPENDITURE	Check if Austin, TX, officeholder living expense Fuel Candidate/Officeholder name Office sought Office held
EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Fuel Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services The Instruction Guide exp		es/Contract Labor lete this form.	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		[3	3 Filer ID	(Ethics Commission Filers)
Sch: 10/17 Rpt: 15/22	Houstonians for Working Families	3		00084205	
4 Date	5 Payee name				
01/25/2023	THAPHAKTOR				
6 Amount (\$) \$487.13	7 Payee address; City; Requested	State; Zip Code			
Expenditure from corporate funds	Houston, TX 77001				
8 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense			utside of Texas. Comp TX, officeholder living & Photos	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name H	Office sough	t	Office he	ld
Date	Payee name				
02/09/2023	THR Enterprises				
Amount (\$)	Payee address; City;	State; Zip Code			
\$900.00	1300 McGowen St				
Expenditure from corporate funds	Houston, TX 77004				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule) (b	=	utside of Texas. Comp	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sough	t	Office he	ld
Date	Payee name				
02/03/2023	The Daniels Group LLC				
Amount (\$) \$7,000.00	Payee address; City; 1401 Cleburne St.	State; Zip Code			
Expenditure from corporate funds	Houston, TX 77004				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Consulting Expense	(b	ш	utside of Texas. Comp TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sough	t	Office he	ld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
Sch: 11/17 Rpt: 16/22	Houstonians for Working Families 00084205	
4 Date	5 Payee name	
02/08/2023	The Daniels Group LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$8,000.00	1401 Cleburne St.	
Expenditure from corporate funds	Houston, TX 77004	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Consulting Fee	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
		_
Date	Payee name	
05/11/2023	The Daniels Group LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$8,000.00	1401 Cleburne St.	
Expenditure from corporate funds	Houston, TX 77004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Consulting Fee	
	Consularly rec	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	
05/15/2023	The Daniels Group LLC	
Amount (\$)	Payee address; City; State; Zip Code	П
\$6,000.00	1401 Cleburne St.	
Expenditure from corporate funds	Houston, TX 77004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Consulting Fee	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

sement Solicitation/Fundraising Expense
rransportation Equipment & Related Expense
rravel in District
rravel Out of District
abor OTHER (enter a category not listed above)

Credit Card F dyment	The Instruction Guide explains how to com	aplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/17 Rpt: 17/22	Houstonians for Working Families	00084205
4 Date	5 Payee name	
05/15/2023	The Daniels Group LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$2,000.00	1401 Cleburne St.	
Evpanditura from		
Expenditure from corporate funds	Houston, TX 77004	
8 PURPOSE OF	, (111 111 111 111 111 111 111 111 111 1	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
		Consuming . Co
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	aht Office held
expenditure to benefit C/OI		S52
Date	Device name	
05/15/2023	Payee name The Daniels Group LLC	
	•	4-
Amount (\$)	Payee address; City; State; Zip Cod	le
\$2,500.00	1401 Cleburne St.	
Expenditure from		
corporate funds	Houston, TX 77004	
PURPOSE OF	((b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
		Conditioning . 33
Complete ONLY if direct	Candidate/Officeholder name Office soug	aht Office held
expenditure to benefit C/OI	•	
Date	Payee name	
06/20/2023	The Daniels Group LLC	
	•	No.
Amount (\$) \$400.00	Payee address; City; State; Zip Cod 1401 Cleburne St.	ie –
Φ 4 00.00	1401 Clebume St.	
Expenditure from		
corporate funds	Houston, TX 77004	
PURPOSE OF	,	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
		,
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

se Travel in Distr fravel Out of G/Contract Labor OTHER (ente

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/17 Rpt: 18/22	Houstonians for Working Families 00084205
4 Date	5 Payee name
02/15/2023	The Daniels Group LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	1401 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Administrative operation cost
	Administrative operation cost
O Commission ONE VIII I	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
05/10/2023	The Daniels Group LLC
Amount (\$)	Payee address; City; State; Zip Code
\$8,500.00	1401 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Administrative operation cost
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/16/2023	The Daniels Group LLC
	·
Amount (\$)	Payee address; City; State; Zip Code
\$14,000.00	1401 Cleburne St.
Expenditure from	
corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Consulting Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/17 Rpt: 19/22	Houstonians for Working Families 00084205
4 Date	5 Payee name
05/26/2023	The Daniels Group LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	1401 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Administrative operation cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2023	The Daniels Group LLC
	•
Amount (\$)	Payee address; City; State; Zip Code
\$8,500.00	1401 Cleburne St.
- Funanditura from	
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Administrative operation cost
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davisa nama
	Payee name The Post Cold Hetel
01/30/2023	The Post Oak Hotel
Amount (\$)	Payee address; City; State; Zip Code
\$1,149.57	1600 W. loop S.
Expenditure from corporate funds	Houston, TX 77027
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff Diner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 15/17 Rpt: 20/22	Houstonians for Working Families 00084205		
4 Date	5 Payee name	·	
04/28/2023	Wells Fargo		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$10.00	P.O. Box 6995		
— Foreseditors from			
Expenditure from corporate funds	Portland, OR 97228-6995		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Monthly Fee	
		Monthly Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held	
expenditure to benefit C/O		onice neid	
Dete			
Date	Payee name		
03/31/2023	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$10.00	P.O. Box 6995		
Expenditure from			
corporate funds	Portland, OR 97228-6995		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Monthly Fee	
		Monthly 1 de	
Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held	
expenditure to benefit C/OI			
Date	Payes name		
02/06/2023	Payee name Wells Fargo		
	,	ada	
Amount (\$) \$2.50	Payee address; City; State; Zip Ci P.O. Box 6995	oue	
φ2.50	P.O. Box 0995		
Expenditure from	D. H. J. OD 07000 0005		
corporate funds	Portland, OR 97228-6995		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transfer Fees	
Complete ONLY if direct	Candidate/Officeholder name Office soi	I ught Office held	
expenditure to benefit C/OI		-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/17 Rpt: 21/22 Houstonians for Working Families 00084205 4 Date Payee name 02/06/2023 Wells Fargo 6 Amount (\$) Payee address; City; State; Zip Code \$2.50 P.O. Box 6995 Expenditure from Portland, OR 97228-6995 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Transfer Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2023 Wells Fargo Amount (\$) Payee address; City; State; Zip Code \$15.00 P.O. Box 6995 Expenditure from Portland, OR 97228-6995 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Transfer Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/02/2023 Wells Fargo Amount (\$) Payee address: City; State; Zip Code \$35.00 P.O. Box 6995 Expenditure from Portland, OR 97228-6995 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Overdraft Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.	OTTER (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 17/17 Rpt: 22/22	Houstonians for Working Families		00084205
4 Date	5 Payee name	•	
05/03/2023	Wells Fargo		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$35.00	P.O. Box 6995		
Expenditure from corporate funds	Portland, OR 97228-6995		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	<u> </u>	utside of Texas. Complete Schedule T.
		Overdraft Fee	TX, officeholder living expense
		Overtilalit Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
experience to belief of or			
Date	Payee name		
06/30/2023	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$10.00	P.O. Box 6995		
410.00	1 10. Box 6666		
Expenditure from corporate funds	Portland, OR 97228-6995		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		utside of Texas. Complete Schedule T.
EXI ENDITORE			TX, officeholder living expense
		Monthly Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/OI	7		