

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082403	2 Total pages filed: 25
3 COMMITTEE NAME The Black Women's PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/17/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 122072 Arlington, TX 76012	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Jean NICKNAME LAST SUFFIX Coleman	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6912 River Park Lane N. #412 Fort Worth, TX 76116	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6912 River Park Lane N. #412 Fort Worth, TX 76116	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (682) 330-2092	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME The Black Women's PAC	13 Filer ID (Ethics Commission Filers) 00082403
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,703.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,775.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,893.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Ms. Jean Coleman

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 - GPAC

17 COMMITTEE NAME The Black Women's PAC		18 Filer ID (Ethics Commission Filers) 00082403
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,703.80
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,775.35
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<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: 1/13 Rpt: 4/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Bessye <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052	7 Amount of Contribution (\$) \$225.00
8 Principal occupation / Job title (See Instructions) Controller		9 Employer (See Instructions) Local School
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Victoria A <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brailey, Carla <hr/> Contributor address; City; State; Zip Code Houston, TX 77288	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas Southern University
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brailey, Carla <hr/> Contributor address; City; State; Zip Code Houston, TX 77288	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas Southern University
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brailey, Carla <hr/> Contributor address; City; State; Zip Code Houston, TX 77288	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas Southern University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brailey, Carla <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77288	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas Southern University
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Houston Habitat
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Houston Habitat
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Houston Habitat
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Houston Habitat

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Angela <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Houston Habitat
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Diane <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78725	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Self employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igwe, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igwe, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igwe, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 04/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igwe, Eric <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		9 Employer (See Instructions) Lockheed Martin
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igwe, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igwe, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Jamie <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Payer Relations Consultant		Employer (See Instructions) HMS
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Jamie <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Payer Relations Consultant		Employer (See Instructions) HMS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Jamie <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Payer Relations Consultant		9 Employer (See Instructions) HMS
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Angela <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Educational Diagnostician		9 Employer (See Instructions) Irving ISD
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Vera <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76119	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Vera <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76119	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Vera <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76119	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Vera <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76119	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Vera <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76119	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Vera <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76119	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Cheryl <hr/> Contributor address; City; State; Zip Code Fort WOrth, TX 76112	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ILTEXAS
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Cheryl <hr/> Contributor address; City; State; Zip Code Fort WOrth, TX 76112	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ILTEXAS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Cheryl	7 Amount of Contribution (\$) \$20.20
6 Contributor address; City; State; Zip Code Fort Worth, TX 76112		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) ILTEXAS
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Cheryl	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Fort Worth, TX 76112		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ILTEXAS
Date 01/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Jennifer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76114		
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) Girls Inc. of Tarrant County
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Jennifer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76114		
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) Girls Inc. of Tarrant County
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Jennifer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76114		
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) Girls Inc. of Tarrant County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 04/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Chief Development Officer		9 Employer (See Instructions) Girls Inc. of Tarrant County
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbin, Salustra <hr/> Contributor address; City; State; Zip Code Brentwood, CA 94513	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbin, Salustra <hr/> Contributor address; City; State; Zip Code Brentwood, CA 94513	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbin, Salustra <hr/> Contributor address; City; State; Zip Code Brentwood, CA 94513	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbin, Salustra <hr/> Contributor address; City; State; Zip Code Brentwood, CA 94513	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbin, Salustra <hr/> 6 Contributor address; City; State; Zip Code Brentwood, CA 94513	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) biomedical Scientist		9 Employer (See Instructions) lawrence livermore lab
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbin, Salustra <hr/> Contributor address; City; State; Zip Code Brentwood, CA 94513	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Cliff <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Co-founder		Employer (See Instructions) Seeker Strategies
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Caroline <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Caroline <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/25
2 FILER NAME The Black Women's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Caroline	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Houston, TX 77009		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Schlumberger
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Caroline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Caroline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Caroline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger

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: 1/9 Rpt: 17/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
4 Date 05/05/2023	5 Payee name Amazon	
6 Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 TERRY AVE N SEATTLE, WA 98103	
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 OVERHEAD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2023	Payee name Amazon	
Amount (\$) \$11.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 TERRY AVE N SEATTLE, WA 98103	
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 OVERHEAD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2023	Payee name Canva	
Amount (\$) \$119.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 KIPPAX STREET SURRY HILL 02010 Australia	
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 OVERHEAD
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: 2/9 Rpt: 18/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
4 Date 06/20/2023	5 Payee name Constant Contact	
6 Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 TRAPELO RD WALTHAM, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 ADVERTISE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2023	Payee name HP Instant Ink	
Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code HP.COM PALTO ALTO, CA 94304	
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 OVERHEAD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2023	Payee name HP Instant Ink	
Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code HP.COM PALTO ALTO, CA 94304	
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 OVERHEAD
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: 3/9 Rpt: 19/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
4 Date 03/01/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code HP.COM PALTO ALTO, CA 94304	
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 OVERHEAD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/28/2023	Payee name HP Instant Ink	
Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code HP.COM PALTO ALTO, CA 94304	
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 OVERHEAD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2023	Payee name HP Instant Ink	
Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code HP.COM PALTO ALTO, CA 94304	
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 OVERHEAD
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: 4/9 Rpt: 20/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
4 Date 05/30/2023	5 Payee name HP Instant Ink	
6 Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code HP.COM PALTO ALTO, CA 94304	
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 OVERHEAD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2023	Payee name HP Instant Ink	
Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code HP.COM PALTO ALTO, CA 94304	
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 OVERHEAD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2023	Payee name Houston Chronicle	
Amount (\$) \$27.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4747 SW FRWY HOUSTON, TX 77027	
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 OVERHEAD
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: 5/9 Rpt: 21/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
4 Date 06/09/2023	5 Payee name Houston Chronicle	
6 Amount (\$) \$3.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4747 SW FRWY HOUSTON, TX 77027	
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 OVERHEAD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2023	Payee name NGP VAN	
Amount (\$) \$565.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005	
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 OVERHEAD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2023	Payee name NGP VAN	
Amount (\$) \$565.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1101 15TH STREET NW SUITE 500 WASHINGTON, DC 20005	
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 OVERHEAD
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: 6/9 Rpt: 22/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
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4 Date 06/09/2023	5 Payee name Rideshare2Vote
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6 Amount (\$) \$625.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 803648 DALLAS, TX 75380
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATIONS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/17/2023	Payee name Shell Oil
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Amount (\$) \$40.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1650 W CARDINAL DR BEAUMONT, TX 77705
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related 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 TRANSPORT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/09/2023	Payee name Starbucks
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Amount (\$) \$12.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2100 N COLLINS ARLINGTON, TX 76011
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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 FOOD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 7/9 Rpt: 23/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
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4 Date 06/13/2023	5 Payee name USPS
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6 Amount (\$) \$201.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1009 OAKWOOD LN ARLINGTON, TX 76012
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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 OVERHEAD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2023	Payee name WIX
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Amount (\$) \$311.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 GANSEVOORT ST NEW YORK, NY 10014
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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 OVERHEAD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/24/2023	Payee name Zoom US
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Amount (\$) \$31.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 ALMADEN BL SAN JOSE, CA 95113
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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 OVERHEAD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 8/9 Rpt: 24/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
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4 Date 02/23/2023	5 Payee name Zoom US
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6 Amount (\$) \$31.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 55 ALMADEN BL SAN JOSE, CA 95113
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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 OVERHEAD
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/24/2023	Payee name Zoom US
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Amount (\$) \$33.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 ALMADEN BL SAN JOSE, CA 95113
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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 OVERHEAD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/24/2023	Payee name Zoom US
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Amount (\$) \$33.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 ALMADEN BL SAN JOSE, CA 95113
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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 OVERHEAD
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 9/9 Rpt: 25/25	2 FILER NAME The Black Women's PAC	3 Filer ID (Ethics Commission Filers) 00082403
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4 Date 05/23/2023	5 Payee name Zoom US
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6 Amount (\$) \$33.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 55 ALMADEN BL SAN JOSE, CA 95113
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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 OVERHEAD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2023	Payee name Zoom US
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Amount (\$) \$33.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 ALMADEN BL SAN JOSE, CA 95113
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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 OVERHEAD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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