#### 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) 00082403 3 COMMITTEE NAME **OFFICE USE ONLY** The Black Women's PAC Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 122072 Date Hand-delivered or Date Postmarked Change of Address Arlington, TX 76012 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Jean NAME NICKNAME LAST **SUFFIX** Coleman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6912 River Park Lane N. #412 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76116 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6912 River Park Lane N. #412 MAILING **ADDRESS** Fort Worth, TX 76116 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (682) 330-2092 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 General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Black Women's PA	С		00082403	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,703.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,775.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,893.92
OUTSTANDING LOAN TOTALS	I .	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Jear	n Coleman	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

					3 of 25
<b>17</b> COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commissio	n Filers)
The	Black	Women's PAC	00082403	`	,
19 SCF	HEDULI	E SUBTOTALS			
l		SCHEDULE		SUBTOTAL A	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,703.80
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	ш			ļ -	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	Ш			ļ*	
4.		R	6		
, T.	Ш	ORGANIZATION		\$	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.		ORGANIZATION		\$	
				+	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	2,775.35
	<u> </u>			ļ*	,
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Щ	CONEDULE 12. CIN 7 ND INCONNED COLONNONC		9	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ANS.	6	
12.	Ш	SCHEDULE F3. FUNCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
40				_	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b> \$</b>	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	DETLIDNED		
15.		TO FILER	KETOKNED	\$	
				1	
I					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/25		
2	FILER NAME The Black W	/omen's PAC		3	Filer ID (Ethics Commission 00082403	n Filers)	
4	Date 06/09/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Adams, Bessye</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$225.00	
_	Deignaignal annu	Grand Prairie, TX 75052	In Francisco (Con Instructions				
8	Controller	pation / Job title (See Instructions)	9 Employer (See Instructions) Local School	)			
	Date 01/04/2023	Full name of contributor out-of-state PAC (ID#:_Adams, Victoria A  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Fort Worth, TX 76109					
	none	pation / Job title (See Instructions)	Employer (See Instructions none	)			
	Date 02/04/2023	Full name of contributor out-of-state PAC (ID#:_Adams, Victoria A  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00	
		Fort Worth, TX 76109					
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none	)			
	Date 03/04/2023	Full name of contributor out-of-state PAC (ID#:_Adams, Victoria A  Contributor address; City; State; Zip Code  Fort Worth, TX 76109	)		Amount of Contribution (\$)	\$50.00	
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none	)			
	Date 04/04/2023	Full name of contributor out-of-state PAC (ID#:_Adams, Victoria A  Contributor address; City; State; Zip Code  Fort Worth, TX 76109			Amount of Contribution (\$)	\$50.00	
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none	)			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/25	
2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 05/04/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
_	Deireitad	Fort Worth, TX 76109	<u>ام</u>	Fundament (Construction			
8	none	pation / Job title (See Instructions)	9	Employer (See Instructions none	5)		
	Date 06/04/2023	Full name of contributor				Amount of Contribution (\$)	\$50.00
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	none	padon, oob title (occ instructions)		none	,,		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Brailey, Carla Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.20
		Houston, TX 77288					
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Texas Southern Univers	•		
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:_Brailey, Carla  Contributor address; City; State; Zip Code  Houston, TX 77288		)		Amount of Contribution (\$)	\$20.20
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Texas Southern Univers			
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Brailey, Carla  Contributor address; City; State; Zip Code  Houston, TX 77288		)		Amount of Contribution (\$)	\$20.20
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Texas Southern Univers			
	. 10103301		<u> </u>	. Oxas Southern Onivers	, ity		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	o complete this for	rm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/25	
2	FILER NAME The Black W	/omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 04/30/2023	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$20.20
8	Principal occu Professor	Houston, TX 77288 pation / Job title (See Instructions)	9	Employer (See Instructions Texas Southern Univers			
	Date 01/01/2023	Full name of contributor Cox, Angela  Contributor address; City; Stat  Houston, TX 77021	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$15.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Houston Habitat	<u>                                      </u>		
	Date 02/01/2023	Full name of contributor  Cox, Angela  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$15.00
	<u> </u>	Houston, TX 77021		5 1 (0 1 1 1			
	Manager Manager	pation / Job title (See Instructions)		Employer (See Instructions Houston Habitat	5)		
	Date 03/01/2023	Full name of contributor  Cox, Angela  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$15.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Houston Habitat	<u> </u> ;)		
	Date 04/01/2023	Full name of contributor  Cox, Angela  Contributor address; City; Stat  Houston, TX 77021	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$15.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Houston Habitat	s)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/25	
2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	ı Filers)
4	Date 05/01/2023	<ul><li>5 Full name of contributor Cox, Angela</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
8	Principal occu Manager	Houston, TX 77021 pation / Job title (See Instructions		Employer (See Instructions     Houston Habitat	 s)		
	Date 01/21/2023	Full name of contributor Greene, Diane Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$21.00
	Principal occu Therapist	Austin, TX 78725 pation / Job title (See Instructions	(5)	Employer (See Instructions Self employed	<u> </u> s)		
	Date 02/21/2023	Full name of contributor Greene, Diane Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$21.00
		Austin, TX 78725	,	- 6			
	Therapist	pation / Job title (See Instructions	5)	Employer (See Instructions Self employed	5)		
	Date 03/21/2023	Full name of contributor Greene, Diane Contributor address; City; S Austin, TX 78725	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$21.00
	Principal occu Therapist	pation / Job title (See Instructions	5)	Employer (See Instructions Self employed	<u>                                      </u>		
	Date 04/21/2023	Full name of contributor Greene, Diane Contributor address; City; S Austin, TX 78725	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$21.00
	Principal occu Therapist	pation / Job title (See Instructions	(5)	Employer (See Instructions Self employed	s)		

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/25	
2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 05/21/2023	<ul><li>5 Full name of contributor Greene, Diane</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code	)	7	Amount of Contribution (\$)	\$21.00
8	Principal occu Therapist	Austin, TX 78725 pation / Job title (See Instruction	s) g	Employer (See Instructions Self employed	 s)		
	Date 06/21/2023	Full name of contributor Greene, Diane Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code	)		Amount of Contribution (\$)	\$21.00
	Principal occu Therapist	Austin, TX 78725 pation / Job title (See Instruction	s)	Employer (See Instructions Self employed	<u> </u> s)		
	Date 01/25/2023	Full name of contributor Igwe, Eric Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code	)	•	Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76137 pation / Job title (See Instruction ock 4 Project Manager	s)	Employer (See Instructions	<u> </u> s)		
	Date 02/25/2023	Full name of contributor Igwe, Eric  Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instruction ock 4 Project Manager	s)	Employer (See Instructions Lockheed Martin	5)		
	Date 03/25/2023	Full name of contributor Igwe, Eric Contributor address; City; S Fort Worth, TX 76137	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instruction ock 4 Project Manager	s)	Employer (See Instructions Lockheed Martin	5)		
			•				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	INS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/25	
2	FILER NAME The Black W	/omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 04/25/2023	<ul><li>5 Full name of contributor</li><li>Igwe, Eric</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
8		Fort Worth, TX 76137 pation / Job title (See Instructions ock 4 Project Manager	)	Employer (See Instructions     Lockheed Martin	5)		
	Date 05/25/2023	Full name of contributor Igwe, Eric Contributor address; City; St Fort Worth, TX 76137	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ock 4 Project Manager	)	Employer (See Instructions Lockheed Martin	<u> </u> 		
	Date 06/25/2023	Full name of contributor Igwe, Eric Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> s)		
	Date 01/28/2023	Full name of contributor Jackson, Jamie  Contributor address; City; St  Plano, TX 75093	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ons Consultant	)	Employer (See Instructions HMS	5)		
	Date 02/28/2023	Full name of contributor Jackson, Jamie Contributor address; City; St Plano, TX 75093	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ons Consultant	)	Employer (See Instructions HMS	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/25	
2	FILER NAME The Black W	/omen's PAC			3	Filer ID (Ethics Commission 00082403	ı Filers)
4	Date 03/28/2023	<ul><li>5 Full name of contributor [ Jackson, Jamie</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$25.00
8		Plano, TX 75093  pation / Job title (See Instructions) ons Consultant	9	Employer (See Instructions HMS	5)		
	Date 01/25/2023	Full name of contributor  Orr, Angela  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75243  pation / Job title (See Instructions)  Diagnostician		Employer (See Instructions Irving ISD	<u> </u> s)		
	Date 02/25/2023	Full name of contributor Orr, Angela Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$10.00
	Delin din al annu	Dallas, TX 75243	1	Faralas a (Octobration			
	•	pation / Job title (See Instructions) Diagnostician		Employer (See Instructions Irving ISD	s)		
	Date 03/25/2023	Full name of contributor Orr, Angela Contributor address; City; Sta Dallas, TX 75243	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Diagnostician		Employer (See Instructions Irving ISD	<u>l</u> S)		
	Date 04/25/2023	Full name of contributor Orr, Angela Contributor address; City; Sta Dallas, TX 75243	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Diagnostician		Employer (See Instructions Irving ISD	5)		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/25	
2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	ı Filers)
4	Date 05/25/2023	<ul><li>5 Full name of contributor</li><li>Orr, Angela</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions	)	9 Employer (See Instructions	<u> </u> s)		
	Educational	Diagnostician		Irving ISD			
	Date 06/25/2023	Full name of contributor Orr, Angela Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75243			Ĺ		
		pation / Job title (See Instructions Diagnostician	)	Employer (See Instructions Irving ISD	S)		
	Date 01/30/2023	Full name of contributor Roberts, Vera Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.20
		Fort Worth, TX 76119					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions none	s)		
	Date 02/28/2023	Full name of contributor Roberts, Vera  Contributor address; City; St  Fort Worth, TX 76119	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$20.20
	Principal occu none	pation / Job title (See Instructions	)	Employer (See Instructions none	s)		
	Date 03/30/2023	Full name of contributor Roberts, Vera Contributor address; City; St Fort Worth, TX 76119	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.20
	Principal occu none	pation / Job title (See Instructions		Employer (See Instructions none	s)		

MONE	FARY POLITICAL CONTRIBUTION	SCHEDULE A1		
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/25	
2 FILER NAME The Black V	E Women's PAC		3 Filer ID (Ethics Commission F 00082403	ilers)
4 Date 04/30/2023	5 Full name of contributor out-of-state PAC (ID#		7 Amount of Contribution (\$)	\$20.20
9 Dringing age	Fort Worth, TX 76119	• Employer (Co.) Instructions	<b>Y</b>	
8 Principal occ none	upation / Job title (See Instructions)	9 Employer (See Instructions none	)	
Date 05/30/2023	Contributor address; City; State; Zip Code	<u>;                                    </u>	Amount of Contribution (\$)	\$20.20
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	)	
none	,	none	,	
Date 06/30/2023	Full name of contributor out-of-state PAC (ID# Roberts, Vera  Contributor address; City; State; Zip Code	<u>#:)</u>	Amount of Contribution (\$)	\$20.20
	Fort Worth, TX 76119			
Principal occ none	upation / Job title (See Instructions)	Employer (See Instructions none		
Date 01/03/2023		<i>†</i> :)	Amount of Contribution (\$)	\$20.20
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	)	
Educator		ILTEXAS		
Date 03/03/2023		#:)	Amount of Contribution (\$)	\$20.20
Principal occ Educator	upation / Job title (See Instructions)	Employer (See Instructions ILTEXAS	)	
	upation / Job title (See Instructions)	, , ,	)	

	MONET	ARY POLITICAL CONTRIBI	UTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/25
2	FILER NAME The Black W	omen's PAC		3 Filer ID (Ethics Commission Filers) 00082403
4	Date 04/03/2023	<ul> <li>Full name of contributor  out-of-state PARogers, Cheryl</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:)	7 Amount of Contribution (\$) \$20.20
8	Principal occu	Fort WOrth, TX 76112 pation / Job title (See Instructions)	9 Employer (See Instructions	2)
Ü	Educator	pation / 300 title (See instructions)	ILTEXAS	5)
	Date 05/03/2023	Full name of contributor out-of-state PARogers, Cheryl Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$20.20
	Principal occu	Fort WOrth, TX 76112 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 
	Educator	,	ILTEXAS	,
	Date 01/29/2023	Full name of contributor out-of-state PA Trevino, Jennifer  Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$10.00
		Fort Worth, TX 76114		
	•	pation / Job title (See Instructions) pment Officer	Employer (See Instruction: Girls Inc. of Tarrant Cou	
	Date 02/28/2023	Full name of contributor out-of-state PA Trevino, Jennifer  Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$10.00
	Dringing aggr	Fort Worth, TX 76114 pation / Job title (See Instructions)	Employer (See Instruction:	
	•	pment Officer	Girls Inc. of Tarrant Cou	
	Date 03/29/2023	Full name of contributor out-of-state PA Trevino, Jennifer  Contributor address; City; State; Zip Code  Fort Worth, TX 76114	AC (ID#:)	Amount of Contribution (\$) \$10.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	Ciliei Develo	opment Officer	Girls Inc. of Tarrant Cou	лпу

Frincipal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job title (See Instructions) Brentwood, CA 94513  Principal occupation / Job ti		MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A	\1
The Black Women's PAC  4 Date   5 Full name of contributor   out-of-state PAC (IDE)   7 Amount of Contribution (S) Trevino, Jennifer   5 Contributor address; City; State; Zip Code   6 Contributor address; City; State; Zip Code   7 Amount of Contribution (S) Fort Worth, TX 76114  8 Principal occupation / Job title (See Instructions) Chief Development Officer   Out-of-state PAC (IDE)   Amount of Contribution (S) Date   Full name of contributor   out-of-state PAC (IDE)   Amount of Contribution (S) Date   Brentwood, CA 94513  Principal occupation / Job title (See Instructions) biomedical Scientist   Lawrence livermore lab  Date   Principal occupation / Job title (See Instructions) biomedical Scientist   Employer (See Instructions) biomedical Scientist   Date   Full name of contributor   out-of-state PAC (IDE)   Amount of Contribution (S)  Principal occupation / Job title (See instructions) biomedical Scientist   Employer (See Instructions) biomedical Scientist   Date   Full name of contributor   out-of-state PAC (IDE)   Amount of Contribution (S)  Principal occupation / Job title (See instructions) biomedical Scientist   Employer (See Instructions) biomedical Scientist   Date   Full name of contributor   out-of-state PAC (IDE)   Amount of Contribution (S)  Principal occupation / Job title (See Instructions) biomedical Scientist   Employer (See Instructions) biomedical Scientist   Barrentwood, CA 94513  Principal occupation / Job title (See Instructions) biomedical Scientist   Barrentwood, CA 94513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor   out-of-state PAC (IDE)   Amount of Contribution (S)  Out-of-state PAC (IDE)   Amount of Contribution (S)  Out-of-state PAC (IDE)   Amount of Contribution (S)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)		The Instruction Guide explains how to complete this form.		s form.		
04/29/2023 Trevino, Jennifer \$10  6 Contributor address; City; State; Zip Code \$  Fort Worth, TX 76114  8 Principal occupation / Job title (See instructions) Girls Inc. of Tarrant County  Date Oli/21/2023 Urbin, Saltustra Ontributor Out-of-state PAC (IDF—Ontributor Slawrence livermore lab Sentitive (See Instructions) Slawrence livermore lab Urbin, Saltustra Contributor Out-of-state PAC (IDF—Ontributor Address; City; State; Zip Code Sentitive Out-of-state PAC (IDF—Ontributor Address; City; State; Zip Code Sentitive Out-of-state PAC (IDF—Ontributor Address; City; State; Zip Code Sentitive Out-of-state PAC (IDF—Ontributor Address; City; State; Zip Code Sentitive Out-of-state PAC (IDF—Ontributor Address; City; State; Zip Code Sentitive Out-of-state PAC (IDF—Ontributor Address; City; State; Zip Code Sentitive Out-of-state PAC (IDF—Ontributor Address; City; State; Zip Code Sentitive Out-of-state PAC (IDF—Ontributor IDF) Sentitive Out-Ontributor IDF Sentitive Out-Ontributor IDF Sen	2		/omen's PAC			ers)
Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)   Girls Inc. of Tarrant County	4		Trevino, Jennifer			10.00
Date   Full name of contributor   out-of-state PAC (ID#:	8		pation / Job title (See Instructions)			
Date O2/21/2023		Date	Full name of contributor out-of-state PAC (ID Urbin, Salustra Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$)	10.00
O2/21/2023 Urbin, Salustra \$10  Contributor address; City; State; Zip Code  Brentwood, CA 94513  Principal occupation / Job title (See Instructions)					)	
Principal occupation / Job title (See Instructions) biomedical Scientist  Date  O3/21/2023  Pull name of contributor out-of-state PAC (ID#: Ontributor address; City; State; Zip Code  Brentwood, CA 94513  Principal occupation / Job title (See Instructions) biomedical Scientist  Date  O4/21/2023  Principal occupation / Job title (See Instructions) biomedical Scientist  Date  O4/21/2023  Principal occupation / Job title (See Instructions)  Brentwood, CA 94513  Principal occupation / Job title (See Instructions)  Brentwood, CA 94513  Principal occupation / Job title (See Instructions)  Brentwood, CA 94513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)			Urbin, Salustra			10.00
Date   Full name of contributor   out-of-state PAC (ID#:		Dringinal occu		Employer (See Instructions	)	
O3/21/2023 Urbin, Salustra \$10  Contributor address; City; State; Zip Code  Brentwood, CA 94513  Principal occupation / Job title (See Instructions)					)	
Principal occupation / Job title (See Instructions) biomedical Scientist  Date O4/21/2023  Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code  Brentwood, CA 94513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$) \$10  Employer (See Instructions)			Urbin, Salustra		` '	10.00
Date Full name of contributor out-of-state PAC (ID#:		Principal occu	l '	Employer (See Instructions	1	
04/21/2023 Urbin, Salustra \$10  Contributor address; City; State; Zip Code  Brentwood, CA 94513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					)	
			Urbin, Salustra  Contributor address; City; State; Zip Code			10.00
biomedical Scientist lawrence livermore lab					)	
		bioinedical S	วะเยเนรเ	lawierice livermore lab		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>	
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/25			
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	The Black W	omen's PAC				00082403	
4	Date 05/21/2023	<ul><li>5 Full name of contributor</li><li>Urbin, Salustra</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
		Brentwood, CA 94513					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	biomedical S	Scientist		lawrence livermore lab			
	Date 06/21/2023	Full name of contributor Urbin, Salustra Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Data disal assess	Brentwood, CA 94513	1	Formula van (O. a. la atmostica a	Ĺ		
	biomedical S	pation / Job title (See Instructions)		Employer (See Instructions lawrence livermore lab	5)		
	biomedical S			lawrence livermore lab	_		
	Date 06/29/2023	Full name of contributor  Walker, Cliff  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Co-founder			Seeker Strategies			
	Date 01/28/2023	Full name of contributor Wilkinson, Caroline Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Schlumberger	5)		
	Date 02/28/2023	Full name of contributor Wilkinson, Caroline Contributor address; City; Sta Houston, TX 77009	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Schlumberger	5)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/25	
2	FILER NAME	Vomen's PAC		3	Filer ID (Ethics Commission 00082403	n Filers)
4	Date 03/28/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
		Houston, TX 77009				
8	Principal occu Sales	upation / Job title (See Instructions)	9 Employer (See Instructions Schlumberger	s)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_Wilkinson, Caroline  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu Sales	Houston, TX 77009  upation / Job title (See Instructions)	Employer (See Instructions Schlumberger	s)		
	Date 05/28/2023	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, Caroline Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77009				
	Principal occu Sales	upation / Job title (See Instructions)	Employer (See Instructions Schlumberger	s)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, Caroline  Contributor address; City; State; Zip Code  Houston, TX 77009	)		Amount of Contribution (\$)	\$10.00
	Principal occu Sales	upation / Job title (See Instructions)	Employer (See Instructions Schlumberger	<u>I</u> S)		
	Juics		Schlamberger			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/G	Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complet	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 17/25	The Black Women's PAC	00082403
4 Date	5 Payee name	
05/05/2023	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.81	410 TERRY AVE N	
Expenditure from corporate funds	SEATTLE, WA 98103	
8 PURPOSE	1	Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overflead/Nertial Expense	Check if Austin, TX, officeholder living expense
		OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Sind Hold
Date	Payee name	
06/29/2023	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$11.67	410 TERRY AVE N	
Expenditure from	SEATTLE MA 00103	
corporate funds	SEATTLE, WA 98103	
PURPOSE OF	, (con amogenee material are to per amount and an area area.	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	'	OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experiulture to beliefit C/O	11	
Date	Payee name	
05/31/2023	Canva	
Amount (\$)	Payee address; City; State; Zip Code	
\$119.99	110 KIPPAX STREET	
Ψ113.33	III NII I AX SINEEI	
Expenditure from		
corporate funds	SURRY HILL 02010 Australia	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) I	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	

#### SCHEDULE F1

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

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: 2/9 Rpt: 18/25	The Black Women's PAC 00082403
4 Date	5 Payee name
06/20/2023	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$37.31	1601 TRAPELO RD
Expenditure from corporate funds	WALTHAM, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  ADVERTISE
	ADVERTISE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
01/03/2023	HP Instant Ink
Amount (\$)	Payee address; City; State; Zip Code
\$6.48	HP.COM
Expenditure from corporate funds	PALTO ALTO, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_//	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ere	
Date	Payee name
01/30/2023	HP Instant Ink
Amount (\$)	Payee address; City; State; Zip Code
\$6.48	HP.COM
Expenditure from	PALTO ALTO, CA 94304
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/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: 3/9 Rpt: 19/25	The Black Women's PAC 00082403	
4 Date	5 Payee name	
03/01/2023	HP Instant Ink	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$6.48	HP.COM	
Expenditure from corporate funds	PALTO ALTO, CA 94304	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Office Overhead/Rental Expense  Caregory (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	OVERHEAD	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	=
03/28/2023	HP Instant Ink	
Amount (\$)	Payee address; City; State; Zip Code	_
\$6.48	HP.COM	
Ψ0.40	TIF.COM	
Expenditure from corporate funds	PALTO ALTO, CA 94304	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense  OVERHEAD	
	OVERTIEND	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
04/28/2023	HP Instant Ink	
Amount (\$)	Payee address; City; State; Zip Code	_
\$6.48	HP.COM	
Expenditure from corporate funds	PALTO ALTO, CA 94304	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 4/9 Rpt: 20/25	The Black Women's PAC 00082403	
4 Date	5 Payee name	
05/30/2023	HP Instant Ink	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$6.48	HP.COM	
Expenditure from corporate funds	PALTO ALTO, CA 94304	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	OVERHEAD	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	H	
Date	Payee name	_
06/28/2023	HP Instant Ink	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.48	HP.COM	
Φ0.40	I HP.COM	
Expenditure from		
corporate funds	PALTO ALTO, CA 94304	
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	
	OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	_
01/03/2023	Houston Chronicle	
Amount (\$)	Payee address; City; State; Zip Code	
\$27.72	4747 SW FRWY	
Expenditure from		
corporate funds	HOUSTON, TX 77027	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	

#### SCHEDULE F1

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

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 21/25	The Black Women's PAC 00082403
4 Date	5 Payee name
06/09/2023	Houston Chronicle
<b>6</b> Amount (\$) \$3.96	7 Payee address; City; State; Zip Code 4747 SW FRWY
Expenditure from corporate funds	HOUSTON, TX 77027
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
O Commission Chilly II I	Our didn't 10th a baile an arms
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/03/2023	NGP VAN
Amount (\$)	Payee address; City; State; Zip Code
\$565.41	1101 15TH STREET NW
	SUITE 500
Expenditure from corporate funds	WASHINGTON, DC 20005
PURPOSE	
OF	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OVERHEAD OVERHEAD
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2023	NGP VAN
Amount (\$)	Payee address; City; State; Zip Code
\$565.41	1101 15TH STREET NW
, , , ,	SUITE 500
Expenditure from	
corporate funds	WASHINGTON, DC 20005
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 6/9 Rpt: 22/25	2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Black Women's PAC 00082403
•	l.
4 Date	5 Payee name
06/09/2023	Rideshare2Vote
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$625.00	PO BOX 803648
Expenditure from	DALLAC TV 75300
corporate funds	DALLAS, TX 75380
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	DONATIONS
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/17/2023	Shell Oil
Amount (\$)	
\$40.52	1650 W CARDINAL DR
Expenditure from	
corporate funds	BEAUMONT, TX 77705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment & Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	TRANSPORT
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>⊣</b>
Data	Davies same
Date	Payee name
05/09/2023	Starbucks
Amount (\$)	Payee address; City; State; Zip Code
\$12.15	2100 N COLLINS
Expenditure from corporate funds	ARLINGTON, TX 76011
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Food/Beverage Expense
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	FOOD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct 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	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: 7/9 Rpt: 23/25	The Black Women's PAC 00082403
4 Date	5 Payee name
06/13/2023	USPS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$201.00	1009 OAKWOOD LN
Expenditure from corporate funds	ARLINGTON, TX 76012
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  OVERHEAD
	OVERVIEW
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
02/16/2023	WIX
Amount (\$)	Payee address; City; State; Zip Code
\$311.76	100 GANSEVOORT ST
Expenditure from corporate funds	NEW YORK, NY 10014
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
01/24/2023	Zoom US
Amount (\$)	Payee address; City; State; Zip Code
` *	55 ALMADEN BL
\$31.48	JJ ALIVIADEN DL
Expenditure from	
corporate funds	SAN JOSE, CA 95113
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
	OVERHEAD
Occupations Children	On this to 10 ff a shall be marked as 10 ff as a small to 10 ff as
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 8/9 Rpt: 24/25	The Black Women's PAC 00082403
4 Date	5 Payee name
02/23/2023	Zoom US
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.48	55 ALMADEN BL
Expenditure from corporate funds	SAN JOSE, CA 95113
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitie to beliefft C/OI	1
Date	Payee name
03/24/2023	Zoom US
Amount (\$)	Payee address; City; State; Zip Code
\$33.58	55 ALMADEN BL
Expenditure from corporate funds	SAN JOSE, CA 95113
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  OVERHEAD
	OVERTICAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·
Date	Payee name
04/24/2023	Zoom US
Amount (\$)	Payee address; City; State; Zip Code
\$33.58	55 ALMADEN BL
Expenditure from corporate funds	SAN JOSE, CA 95113
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense  OVERHEAD
	OVERNEAD
Occupation Children	On didn't 10 ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
21.12.11.21.12.12.12.12.12.12.12.12.12.1	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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	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: 9/9 Rpt: 25/25	The Black Women's PAC 00082403
4 Date	5 Payee name
05/23/2023	Zoom US
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.58	55 ALMADEN BL
Expenditure from corporate funds	SAN JOSE, CA 95113
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
	OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/26/2023	Zoom US
Amount (\$)	Payee address; City; State; Zip Code
\$33.58	55 ALMADEN BL
Ψ00.00	OU NEW DE
Expenditure from corporate funds	SAN JOSE, CA 95113
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1