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) 00087825 3 COMMITTEE NAME **OFFICE USE ONLY Houston Unites** Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1401 Cleburne Street Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77004 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kenneth NAME NICKNAME LAST **SUFFIX** McCowan STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7962 Candlegreen Lane STREET **ADDRESS** (Residence or Business) Houston, TX 77071 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7962 Candlegreen Lane MAILING **ADDRESS** Houston, TX 77071 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 515-2199 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 11/30/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff 12/09/2023 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)
Houston Unites			0008782	25
ACTIVITY (Ide	Candidates ntify by name or, if licable, classify by party.)	A. Supported Sheila Jackson Lee Mayor, Ci	ty of Houst	on
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(De:	Measures scribe by date and location lection and nature of issue.)	A. Supported		
		B. Opposed		
(Ide	Officeholders Assisted ntify by name or, if licable, classify by party.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
2.		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	215,100.00
EXPENDITURE 3. TOTALS	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	41.57
4.	TOTAL POLITICA	L EXPENDITURES	\$	214,515.97
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,233.62
_		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Kenneth	McCowan	
		Signature of Ca	mpaign Trea	surer
AFFIX NOTARY STA	AMP / SEAL ABOVE			
		, ti	his the	day
of, 20), to certify v	vhich, witness my hand and seal of office.		
Signature of officer adminis	stering oath	Printed name of officer administering oath	Title of o	fficer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

						Page 3 of 3:	1
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers	5)
Houston Unites					00087825	5	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Melanie Miles	City of Houston,	Council Memb	ber, At-Large Position 1	_
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	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					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Leticia Plumm	er City of Housto	n, Council Me	mber, At-Large Positior	n 4

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 3	31
17 COMMITTEE N	18 Filer ID 00087825	(Ethics Commission Filers)		
19 SCHEDULE SUNAME OF SCH	SUBTOTAL AMOUNT	Γ		
1. X SO	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 215,100	0.00
2. SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	CHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO RGANIZATION)R	\$	
	CHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ABOR ORGANIZATION	ATION OR	\$	
6. SC	CHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
	CHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR RGANIZATION		\$	
8. SC	CHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9. SC	CHEDULE E: LOANS		\$	
10. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 214,51	5.97
11. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR STATE OF THE PROPERTY OF T	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/31		
2	2 FILER NAME Houston Unites			3	Filer ID (Ethics Commission Filers) 00087825		
4	Date 12/11/2023			7	Amount of Contribution (\$) \$15,000.00		
		Washington , DC 20001					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: Hossain, Kazi Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00		
	Dringing aggr	Sugar Land, TX 77498 pation / Job title (See Instructions)	Employer (See Instructions				
	Radiologic T	•	Kindred Healthcare	5)			
	Date Full name of contributor 🗵 out-of-state PAC (ID#: C00002469) 12/07/2023 Machinist's Non-Partisan Political League Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00			
	Principal occur	Upper Marlboro, MD 20772-2675 pation / Job title (See Instructions)	Employer (See Instructions	s)			
	i illoipai occu	pation / oob title (oce instructions)	Employer (See monded)	3)			
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: Mason, Herman Contributor address; City; State; Zip Code Augusta, GA 30909			Amount of Contribution (\$) \$100.00		
	Principal occu Pastor	pation / Job title (See Instructions)	Employer (See Instructions West Mitchell Street CM		Church		
	Date Full name of contributor out-of-state PAC (ID#:) The Daniels Group Contributor address; City; State; Zip Code Houston, TX 77004			Amount of Contribution (\$) \$25,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/31
2	FILER NAME Houston Unites	3 Filer ID (Ethics Commission Filers) 00087825
4	Date 12/01/2023 5 Full name of contributor out-of-state PAC (ID#:) The Daniels Group 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$10,000.0
	Houston, TX 77004	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
	Date Full name of contributor X out-of-state PAC (ID#: C00686832) 12/07/2023 Way to Lead PAC Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$150,000.0
	PHOENIX, AZ 85004 Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/25 Rpt: 7/31	Houston Unites 00087825
4 Date	5 Payee name
12/22/2023	ADP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	4650 Westway Park Blvd.
- "	
Expenditure from corporate funds	Houston, TX 77041
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/05/2023	Academy Sports & Outdoors
Amount (\$)	Payee address; City; State; Zip Code
\$211.46	1800 N. Mason Rd
ΨΖ11.40	1000 N. Mason Na
Expenditure from corporate funds	Katy, TX 77449
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
	Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/10/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$3.95	366 Summer St.
70.00	
Expenditure from corporate funds	Somerville, MA 02144-3132
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing fee
	. 133355g .55
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 Committee

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTIEN (effici a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 2/25 Rpt: 8/31	Houston Unites	00087825
4 Date	5 Payee name	
12/18/2023	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$534.99	410 Terry Ave. N	
Expenditure from corporate funds	Seattle, WA 98109	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overfiedd/Nerital Experise	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Supplies	TY, Oncoroladi iring dyparica
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Chiec field
	T	
Date	Payee name	
12/07/2023	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$437.27	410 Terry Ave. N	
- Evenanditura from		
Expenditure from corporate funds	Seattle, WA 98109	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin,	TX, officeholder living expense
	Supplies	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	/n	
Date	Payee name	
12/07/2023	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$364.61	410 Terry Ave. N	
Expenditure from corporate funds	Seattle, WA 98109	
•	1	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the control of the contr	outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Nertial Experise	TX, officeholder living expense
	Supplies	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 3/25 Rpt: 9/31	Houston Unites	00087825
4 Date	5 Payee name	•
12/15/2023	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$191.52	410 Terry Ave. N	
Expenditure from corporate funds	Seattle, WA 98109	
8 PURPOSE OF	,	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
		Сарриос
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		
Date	Payee name	
12/26/2023	Amazon	
		4-
Amount (\$)	Payee address; City; State; Zip Co	de
\$176.31	410 Terry Ave. N	
Expenditure from corporate funds	Seattle, WA 98109	
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.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
		Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sour	aht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•	gnt Office field
Date	Payee name	
12/21/2023	Amazon	
Amount (\$)	Payee address; City; State; Zip Co	de
\$147.33	410 Terry Ave. N	
Expenditure from		
corporate funds	Seattle, WA 98109	
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 Supplies
		Оприноз
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		Gille Helu

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/25 Rpt: 10/31	Houston Unites	00087825
4 Date	5 Payee name	•
12/28/2023	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$96.29	410 Terry Ave. N	
— Former diture from		
Expenditure from corporate funds	Seattle, WA 98109	
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.
LAI LIIDITOIL		Check if Austin, TX, officeholder living expense Supplies
		Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Data	B	
Date 12/27/2023	Payee name	
	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$85.48	410 Terry Ave. N	
Expenditure from		
corporate funds	Seattle, WA 98109	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
12/28/2023	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$73.83	410 Terry Ave. N	
	•	
Expenditure from corporate funds	Seattle, WA 98109	
PURPOSE) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Since Overneau/Nental Expense	Check if Austin, TX, officeholder living expense
		Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Oi	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to cor	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/25 Rpt: 11/31	Houston Unites			00087825	
4 Date	5 Payee name		<u> </u>		
12/29/2023	Amazon				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de			
\$33.85	410 Terry Ave. N				
Expenditure from					
corporate funds	Seattle, WA 98109				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desci	•		
OF EXPENDITURE	Office Overhead/Rental Expense		neck if travel outsion neck if Austin, TX,		plete Schedule T.
		Supp		onicendider living	y expense
		• • •			
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ght		Office he	eld
expenditure to benefit C/O	4				
Date	Payee name				
12/29/2023	Amazon				
Amount (\$)	Payee address; City; State; Zip Cod	de			
\$42.78	410 Terry Ave. N				
Evpondituro from					
Expenditure from corporate funds	Seattle, WA 98109				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desci	ription		
OF EXPENDITURE	Office Overhead/Rental Expense		neck if travel outsion neck if Austin, TX,		plete Schedule T.
		Supp		omeenoider iiving	у схропас
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght		Office he	eld
expenditure to benefit C/OI	1				
Date	Payee name				
12/08/2023	Black Women's PAC				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$7,500.00	P.O. Box 122072				
Expenditure from					
corporate funds	Arlington, TX 76012				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desci	ription		
OF EXPENDITURE	Contributions/Donations Made By				plete Schedule T.
	Candidate/Officeholder/Political Committee	Dona Dona	neck if Austin, TX,	onicenoider living) expense
		20.10	···· - · ·		
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght		Office he	eld
expenditure to benefit C/O	4				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/25 Rpt: 12/31	Houston Unites 00087825
4 Date	5 Payee name
11/30/2023	Burton, George
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,380.00	10486 Norton Dr
Expenditure from corporate funds	Houston, TX 77043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Contract Labor
O Commission ONLY if dispose	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/04/2023	Burton, George
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	10486 Norton Dr
Expenditure from	
corporate funds	Houston, TX 77043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contract Labor
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/08/2023	CRP Consulting Corp.
Amount (\$)	Payee address; City; State; Zip Code
\$6,600.00	6122 Cavalier St
X Expenditure from corporate funds	Houston, TX 77087-3216
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Voter outreach
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 7/25 Rpt: 13/31	Houston Unites 00087825
4 Date	5 Payee name
12/26/2023	Chandler, Grace
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,780.00	2241 Wroxton Rd
Expenditure from	
corporate funds	Houston, TX 77005
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Event planner/Social media
	Event plannen/300iai media
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/15/2023	Enterprise Rent A Car
Amount (\$)	Payee address; City; State; Zip Code
\$823.18	600 Corporate Park Drive
Ψ023.10	000 Corporate Faix Drive
Expenditure from corporate funds	St. Louis, MO 63105
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 Voter outreach van
	voici ouireacii vaii
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/11/2023	Enterprise Rent A Car
	·
Amount (\$)	
\$792.39	600 Corporate Park Drive
Expenditure from corporate funds	St. Louis, MO 63105
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Voter outreach van
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 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

	Credit Card Payment		The Instruction Guide explain	s how to cor	nple	ete this form.
1	Total pages Schedule F1:	2	ILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 8/25 Rpt: 14/31		Houston Unites			00087825
4	Date	5	Payee name			<u> </u>
	12/11/2023	1	Enterprise Rent A Car			
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	de	
	\$792.39	(600 Corporate Park Drive			
	- Consorditure from					
	Expenditure from corporate funds	;	St. Louis, MO 63105			
8	PURPOSE	(a) (Category (See Categories listed at the top of this so	chedule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense	<i></i>		Check if travel outside of Texas. Complete Schedule T.
	ZAI ZAISTONZ					Check if Austin, TX, officeholder living expense Voter outreach van
						Voter outreach van
a	Complete ONLY if direct		andidate/Officeholder name	Office sou	thr	Office held
,	expenditure to benefit C/OI		and date. Office folder frame	Onice sout	Jiic	Office Hold
	Date	Π,	Payee name			
	12/11/2023	1	Enterprise Rent A Car			
	Amount (\$)	Ь—		te; Zip Co	de	
	\$792.39	ı	600 Corporate Park Drive	ic, Zip Coi	uc	
	4102.00	`	you corporate rain bille			
Γ	Expenditure from corporate funds		St. Louis, MO 63105			
	PURPOSE	₩		1	(h)	Description
	OF		Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Sinde Gromeda/Nemai Expense			Check if Austin, TX, officeholder living expense
						Voter outreach van
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght	Office held
		_				
	Date	1	Payee name			
	12/11/2023	_	Enterprise Rent A Car			
	Amount (\$)	1		te; Zip Co	de	
	\$792.39	(600 Corporate Park Drive			
_	T Expenditure from					
L	corporate funds	;	St. Louis, MO 63105			
	PURPOSE OF		Category (See Categories listed at the top of this se	chedule)	(b)	Description
	EXPENDITURE	'	Office Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Voter outreach van
	Complete ONLY if direct	C	andidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/OI	Н		·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By 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:	
Sch: 9/25 Rpt: 15/31	Houston Unites 00087825
4 Date	5 Payee name
12/11/2023	Enterprise Rent A Car
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$792.39	600 Corporate Park Drive
Expenditure from corporate funds	St. Louis, MO 63105
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Voter outreach van
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/11/2023	Enterprise Rent A Car
Amount (\$)	Payee address; City; State; Zip Code
\$792.39	600 Corporate Park Drive
Expenditure from corporate funds	St. Louis, MO 63105
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 Voter outreach van
	votei outieach van
Complete ONLY if disease	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	Dougo nama
Date 12/11/2023	Payee name Enterprise Pant A Car
	Enterprise Rent A Car
Amount (\$)	Payee address; City; State; Zip Code
\$792.39	600 Corporate Park Drive
Expenditure from	
corporate funds	St. Louis, MO 63105
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.
LA LADITORL	Check if Austin, TX, officeholder living expense
	Voter outreach van
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft G/O	•
E	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 10/25 Rpt: 16/31	Houston Unites 00087825
4 Date	5 Payee name
12/11/2023	Enterprise Rent A Car
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$792.39	600 Corporate Park Drive
Expenditure from	St. Lauis MO 62105
corporate funds	St. Louis, MO 63105
8 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
	Voter outreach van
	voici ouiicacii vaii
O Commists ONE Y''	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	
Date	Payee name
12/29/2023	Enterprise Rent A Car
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.34	600 Corporate Park Drive
Ψ3,000.54	ood Golporate Faire Brive
Expenditure from	
corporate funds	St. Louis, MO 63105
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
	Voter outreach van
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beliefit C/O	
Date	Payee name
12/19/2023	Enterprise Rent A Car
Amount (\$)	Payee address; City; State; Zip Code
\$27.90	600 Corporate Park Drive
Ψ21.30	000 Corporate Fair Drive
Expenditure from	
corporate funds	St. Louis, MO 63105
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Toll charges
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

Reimbursement
Rental 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	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Comr	nission Filers)
Sch: 11/25 Rpt: 17/31	Houston Unites	00087825	
4 Date	5 Payee name	•	
12/19/2023	Enterprise Rent A Car		
6 Amount (\$)	7 Payee address; City; State; Zip (code	
\$24.85	600 Corporate Park Drive		
Expenditure from			
corporate funds	St. Louis, MO 63105		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Toll charges	
		Ton onargoo	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O			
Date	Payee name		
12/19/2023	Enterprise Rent A Car		
Amount (\$)	Payee address; City; State; Zip (code	
\$11.55	600 Corporate Park Drive		
Expenditure from corporate funds	St. Louis, MO 63105		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Toll charges	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O	H .		
Date	Payee name		
12/19/2023	Enterprise Rent A Car		
Amount (\$)	Payee address; City; State; Zip (code	
\$7.35	600 Corporate Park Drive		
Expenditure from			
corporate funds	St. Louis, MO 63105		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Toll charges	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O	PH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/25 Rpt: 18/31	Houston Unites 00087825
4 Date	5 Payee name
12/01/2023	Foston International
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	5011 Almeda Rd
Expenditure from corporate funds	Houston, TX 77004
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Media buy
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit eye	
Date	Payee name
11/30/2023	Foston International
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	5011 Almeda Rd
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Media buy
Operation ONE Wife discout	Outside to 10th as health as a second to the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/18/2023	Foston International
Amount (\$)	Payee address; City; State; Zip Code
\$6,000.00	5011 Almeda Rd
Expenditure from	
corporate funds	Houston, TX 77004
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 Media buy
	ivieula buy
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/25 Rpt: 19/31	Houston Unites 00087825
4 Date	5 Payee name
12/07/2023	Griggs, Edna
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	6205 Maxroy St
Expenditure from	
corporate funds	Houston, TX 77091
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Senior outreach
	Semoi dulleach
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date	Payee name
12/06/2023	H-E-B
Amount (\$)	Payee address; City; State; Zip Code
\$75.47	6055 South Fwy
Expenditure from	
corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_/	Courseline
	Supplies
Commission ONII V if disposi	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$852.29	6840 Almeda Rd.
Expenditure from	
corporate funds	Houston, TX 77030
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.
LA LADITORL	Check if Austin, TX, officeholder living expense
	lodging for consultants
Operation Children	On didn't lotter had a many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

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

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

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: 14/25 Rpt: 20/31	Houston Unites 00087825
4 Date	5 Payee name
12/12/2023	Hilton Garden Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$285.48	6840 Almeda Rd.
Expenditure from	Houston TV 77020
corporate funds	Houston, TX 77030
8 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
	lodging for consultants
	loughing for consultants
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to belieff 6/01	•
Date	Payee name
12/11/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$142.74	6840 Almeda Rd.
Ψ1π2.11π	oo-to / timeda rea.
Expenditure from	
corporate funds	Houston, TX 77030
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
	lodging for consultants
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/O	
Date	Payee name
12/11/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$142.74	6840 Almeda Rd.
Ψ172.74	oo to / amount tu
Expenditure from	
corporate funds	Houston, TX 77030
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
	lodging for consultants
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

Fees Office Overhe
Food/Beverage Expense Polling Expen
Gitt/Awards/Memorials Expense Printing Expen
Legal Services Salaries/Wago

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/25 Rpt: 21/31	Houston Unites 00087825
4 Date	5 Payee name
12/12/2023	Hilton Garden Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.17	6840 Almeda Rd.
Expenditure from	
corporate funds	Houston, TX 77030
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
	lodging for consultants
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/12/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$1,201.40	6840 Almeda Rd.
. ,	
Expenditure from corporate funds	Houston, TX 77030
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 lodging for consultants
	loughing for consultants
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/14/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$2,213.13	6840 Almeda Rd.
Funanditure from	
Expenditure from corporate funds	Houston, TX 77030
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
	lodging for consultants
Complete <u>ONLY</u> 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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	mple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 16/25 Rpt: 22/31	Houston Unites		00087825
4 Date	5 Payee name		•
12/14/2023	Hilton Garden Inn		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$927.36	6840 Almeda Rd.		
Expenditure from			
corporate funds	Houston, TX 77030		
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 lodging for consultants
			loughing for consultants
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/O		9	
Date	Payee name		
12/05/2023	Hilton Garden Inn		
Amount (\$)	Payee address; City; State; Zip Co	ide	
\$211.46	6840 Almeda Rd.	uo	
Ψ221.10	os io i milioda i i di		
Expenditure from corporate funds	Houston, TX 77030		
PURPOSE OF	, ,	(b)	Description
EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			lodging for consultants
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
12/20/2023	Hilton Garden Inn		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$497.49	6840 Almeda Rd.		
- Evpanditura from			
Expenditure from corporate funds	Houston, TX 77030		
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 lodging for consultants
			loughing for consumating
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sour	aht	Office held
expenditure to benefit C/O		J•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/25 Rpt: 23/31	Houston Unites 00087825
4 Date	5 Payee name
12/21/2023	Hilton Garden Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$188.43	6841 Almeda Rd.
Expenditure from	Houston TV 77020
corporate funds	Houston, TX 77030
8 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
	lodging for consultants
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/08/2023	Jacobs, Wanda
Amount (\$)	
` '	
\$5,680.00	8811 Spaulding
- Cynonditure from	
Expenditure from corporate funds	Houston, TX 77016
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Block walkers
	Diodi Walkers
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
12/08/2023	Kelly, Annette
Amount (\$)	Payee address; City; State; Zip Code
\$8,625.00	511 Reedwood
, , , , , , ,	
Expenditure from	
corporate funds	Houston, TX 77489
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Phonebank
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 Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/25 Rpt: 24/31	Houston Unites 00087825
4 Date	5 Payee name
12/07/2023	Khan, Anisha
6 Amount (\$) \$550.00	7 Payee address; City; State; Zip Code NEED
, , , , , ,	
Expenditure from corporate funds	Houston, TX 77001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
_/	Check if Austin, TX, officeholder living expense
	Contract labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2023	Middleton, William
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	1401 Cleburne St.
Evpanditura from	
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Event production
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2023	NGPVAN
Amount (\$)	Payee address; City; State; Zip Code
\$333.13	1445 New York Ave.
Ψ555.15	
Expenditure from	Suite 200
corporate funds	Washington, DC 20006
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.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Database
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains	s how to complete this form.	OTHER (effect a category not listed above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 19/25 Rpt: 25/31	Houston Unites		00087825
4 Date	5 Payee name		•
12/11/2023	PAPPADEAUX		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
\$452.96	3939 Northwest Fwy		
Expenditure from corporate funds	Houston, TX 77040		
8 PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if trav	rel outside of Texas. Complete Schedule T.
		, <u>u</u>	tin, TX, officeholder living expense
		Staff meal	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
expenditure to benefit C/O	7		
Date	Payee name		
12/07/2023	PAPPASITOS CANTINA		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$262.37	3939 Northwest Fwy	5, 21p 0000	
Ψ202.37	3939 Northwest Fwy		
Expenditure from corporate funds	Houston, TX 77040		
PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
OF	Food/Beverage Expense	′ I — '	rel outside of Texas. Complete Schedule T.
EXPENDITURE	j '	Check if Aus	stin, TX, officeholder living expense
		Staff meal	
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	H		
Date	Payee name		
12/07/2023	PAPPASITOS CANTINA		
		75- O-4-	
Amount (\$)	· ·	e; Zip Code	
\$4.22	3939 Northwest Fwy		
Expenditure from			
corporate funds	Houston, TX 77040		
PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense		rel outside of Texas. Complete Schedule T.
EXPENDITORE			stin, TX, officeholder living expense
		Staff meal	
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	H		

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 Con

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

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: 20/25 Rpt: 26/31	Houston Unites 00087825	
4 Date	5 Payee name	
12/08/2023	Punk Print of Houston	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10,000.00	5927 Almeda rd #21317	
Expenditure from corporate funds	Houston, TX 77004	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Event planning/Vol coordinator	
	Event planning, voi coordinator	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data	<u> </u>	
Date	Payee name	
12/08/2023	Resonance Campaigns	
Amount (\$)	Payee address; City; State; Zip Code	
\$16,752.60	913 Florida Ave., NW	
Evpanditure from		
Expenditure from corporate funds	Washington, DC 20001	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Printed materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/61		
Date	Payee name	
12/23/2023	Robodial.org	
Amount (\$)	Payee address; City; State; Zip Code	
\$247.00	11921 Freedom Dr Ste 550	
Expenditure from corporate funds	Reston, VA 20190	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense Complete Schedule T. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

pense Travel (ages/Contract Labor OTHER

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: 21/25 Rpt: 27/31	Houston Unites 00087825	
4 Date	5 Payee name	
12/08/2023	South Blue Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$11,250.00	2420 Bissonnet St	
Expenditure from corporate funds	Houston, TX 77005	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Data/Field setup	
	Data/Field Setup	
Complete CNII V if direct	Candidate/Officeholder name Office sought Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/07/2023	Taliaferro Strategies	
Amount (\$)	Payee address; City; State; Zip Code	
\$6,500.00	Requested	
Expenditure from corporate funds	TX	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Consulting Expense Consulting Expense Consulting Expense Consulting Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Consulting fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
12/07/2023	The Daniels Group LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$27,000.00	1401 Cleburne St.	
Ψ21,000.00	1401 Globalite Gt.	
Expenditure from	Houston TV 77004	
corporate funds	Houston, TX 77004	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Administration fee	
	7.6.1111101.0.0.011100	
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 Committee

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 22/25 Rpt: 28/31	Houston Unites	00087825	
4 Date	5 Payee name	•	
12/08/2023	VM Solutions		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$14,608.00	12727 Coppers Break Drive		
Expenditure from corporate funds	Humble, TX 77346		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Voter outreach	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held	
expenditure to benefit C/OI		-g	
Date	Davis as as		
12/08/2023	Payee name		
	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$40.00	P.O. Box 6995		
Expenditure from corporate funds	Portland, OR 97228-6995		
PURPOSE		(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	F-663	Check if Austin, TX, officeholder living expense	
		Transaction fee	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/OI	1		
Date	Payee name		
12/08/2023	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$40.00	P.O. Box 6995		
Expenditure from corporate funds	Portland, OR 97228-6995		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE		Check if Austin, TX, officeholder living expense	
		Transaction fee	
Operation Children	Open distance (Office Includes in	Off.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held	
•			
_ '' '' = _			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 23/25 Rpt: 29/31	Houston Unites	00087825	
4 Date	5 Payee name		
12/18/2023	Wells Fargo		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$25.00	P.O. Box 6995		
Expenditure from corporate funds	Portland, OR 97228-6995		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on	
OF EXPENDITURE	1 1 003	travel outside of Texas. Complete Schedule T.	
	Transact	Austin, TX, officeholder living expense	
	Hansaci	don'tee	
9 Complete ONLY if direct	Condidate/Officeholder name	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
,			
Date	Payee name		
12/07/2023	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
\$25.00	P.O. Box 6995		
Expenditure from corporate funds	Portland, OR 97228-6995		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on	
OF EXPENDITURE	1 1 663	travel outside of Texas. Complete Schedule T.	
		Austin, TX, officeholder living expense	
	Transact	lion lee	
2 1 2 2 2 2 2 2 2		200	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
12/01/2023	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
\$25.00	P.O. Box 6995		
Expenditure from corporate funds	Portland, OR 97228-6995		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on	
OF EXPENDITURE	1003	travel outside of Texas. Complete Schedule T.	
EXI ENDITORE		Austin, TX, officeholder living expense	
	Transact	lion ree	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
onponditure to betterit O/OTT			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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: 24/25 Rpt: 30/31	Houston Unites 00087825	
4 Date	5 Payee name	
11/30/2023	Wells Fargo	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25.00	P.O. Box 6995	
- "		
Expenditure from corporate funds	Portland, OR 97228-6995	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Transaction fee	
	Transaction ice	
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	
,		
Date	Payee name	
12/11/2023	Wells Fargo	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.00	P.O. Box 6995	
Expenditure from corporate funds	Portland, OR 97228-6995	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Transaction fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/61	'	
Date	Payee name	
12/01/2023	Wells Fargo	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.00	P.O. Box 6995	
Expenditure from corporate funds	Portland, OR 97228-6995	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Transaction fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 25/25 Rpt: 31/31	Houston Unites	00087825		
4 Date	5 Payee name	<u> </u>		
11/30/2023	Wells Fargo			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$15.00	P.O. Box 6995			
Expenditure from corporate funds	Portland, OR 97228-6995			
8 PURPOSE	(-) -	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	. 000	Check if Austin, TX, officeholder living expense		
		Transaction fee		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held		
Date	Payee name			
12/08/2023	Wells Fargo			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$27,000.00	P.O. Box 6995			
ΨΞ.,000.00	1.0.200			
Expenditure from corporate funds	Portland, OR 97228-6995			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Cash for blockwalking teams		
		(Wanda Jacobs, VM Solutions, Earl and Angelique)		
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held		
expenditure to benefit C/O		ugrit Onice neid		