

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00034189	<b>2</b> Total pages filed: 11
<b>3</b> COMMITTEE NAME Across The Track PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3909 Fernwood Dr.  Houston, TX 77021		
	<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI Mr. Francis  NICKNAME LAST SUFFIX Cook		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3909 Fernwood Dr.  Houston, TX 77021		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4418 Heatherwilde St.  Sugar Land, TX 77479		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 582-9975		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 07/01/2023      THROUGH      12/31/2023		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/07/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Across The Track PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00034189
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Melanie MILES COH COUNCIL</b>
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 19,500.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 19,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Francis Cook  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 11

<b>12 COMMITTEE NAME</b> Across The Track PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00034189
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported DANIELLE BESS COH COUNCIL  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported shelia J lee COH MAYOR  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported CHRIS HOLLINS COH COUNCIL  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Across The Track PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00034189
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	LETICIA plummer COH COUNCIL	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	CAROLYN shabazz COH COUNCIL	

# SUBTOTALS - GPAC

<b>17</b> COMMITTEE NAME Across The Track PAC	<b>18</b> Filer ID (Ethics Commission Filers) 00034189
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,500.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,500.00
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/4 Rpt: 6/11
2 FILER NAME Across The Track PAC		3 Filer ID (Ethics Commission Filers) 00034189
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRANCH, THELDON (Mr.)	7 Amount of Contribution (\$) \$975.00
	6 Contributor address; City; State; Zip Code  HOUSTON, TX 77027	
8 Principal occupation / Job title (See Instructions) Airport Concessions		9 Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BUSH, CHARLES (Mr.)	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75229	
Principal occupation / Job title (See Instructions) HOSPITALITY		Employer (See Instructions) SELF
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bergeron, ALAN (Mr.)	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77004	
Principal occupation / Job title (See Instructions) FOOD SERVICE		Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COOK, FRANCIS (Mr.)	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  Houston, TX 77021	
Principal occupation / Job title (See Instructions) BUSINESS SERVICES & CONSULTING		Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CREUZOT III, PERCY (Mr.)	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77018	
Principal occupation / Job title (See Instructions) FOOD SERVICE		Employer (See Instructions) SELF EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 7/11
<b>2</b> FILER NAME Across The Track PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034189
<b>4</b> Date 07/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAVIS JR. Sr., KEITH (Mr.)	<b>7</b> Amount of Contribution (\$) \$975.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77057	
<b>8</b> Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAVIS Sr., KEITH (Mr.)	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77074	
Principal occupation / Job title (See Instructions) PUBLISHING		Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DONATTO Sr., JAMES (Mr.)	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77004	
Principal occupation / Job title (See Instructions) AD SPECIALITES		Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FRANKLIN III, ROBERT	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  houston, TX 77002	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RFS CONSULTING LLC
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GILLON Jr., JOHN (Mr.)	Amount of Contribution (\$) \$975.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77098	
Principal occupation / Job title (See Instructions) OFFICE EQUIPMENT		Employer (See Instructions) SELF EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 8/11
<b>2</b> FILER NAME Across The Track PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034189
<b>4</b> Date 07/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, HARRY ..... <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77042	<b>7</b> Amount of Contribution (\$)  \$975.00
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JONES, THOMAS (Mr.) ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77081	Amount of Contribution (\$)  \$975.00
Principal occupation / Job title (See Instructions) PARTNER-CPA		Employer (See Instructions) McCONNEL, JONES, LANIER & MURPHY
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MAYBERRY, SHARONNE (Mr.) ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77004	Amount of Contribution (\$)  \$975.00
Principal occupation / Job title (See Instructions) HOME BUILDER		Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marks, Jonathan ..... Contributor address; City; State; Zip Code  Humble, TX 77338	Amount of Contribution (\$)  \$975.00
Principal occupation / Job title (See Instructions) president		Employer (See Instructions) Concentric Construction Corporation LLC
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROSS, KEN (Mr.) ..... Contributor address; City; State; Zip Code  LaMARQUE, TX 77568	Amount of Contribution (\$)  \$975.00
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) SELF EMPLOYED



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 9/11
<b>2</b> FILER NAME Across The Track PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034189
<b>4</b> Date 07/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROY, JENNIFER (Ms.)	<b>7</b> Amount of Contribution (\$) \$975.00
<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77004		
<b>8</b> Principal occupation / Job title (See Instructions) HEALTH CARE		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SAM, DeANDRE (Mr.)	Amount of Contribution (\$) \$975.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77021		
Principal occupation / Job title (See Instructions) MOVING & STORAGE		Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, brian	Amount of Contribution (\$) \$975.00
Contributor address; City; State; Zip Code  houston, TX 77004		
Principal occupation / Job title (See Instructions) construction mgt		Employer (See Instructions) BSCI
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILSON, GERALD (Mr.)	Amount of Contribution (\$) \$975.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77094		
Principal occupation / Job title (See Instructions) FINANCIAL SERVICES		Employer (See Instructions) SELF EMPLOYED
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WOMACK, GERALD (Mr.)	Amount of Contribution (\$) \$975.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77004		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 10/11	<b>2</b> FILER NAME Across The Track PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00034189
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<b>4</b> Date 11/29/2023	<b>5</b> Payee name CAROLYN SHABAZZ CAMPAIGN
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3880 ROSEDALE  houston, TX 77004
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH COUNCIL
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name CHRIS HOLLINS CAMPAIGN
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 914 MAIN ST  houston, TX 77002
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH CONTROLLER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name Dannielle Keys Bess Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 8367  Houston, TX 77288
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH COUNCIL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 11/11	<b>2</b> FILER NAME Across The Track PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00034189
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<b>4</b> Date 11/29/2023	<b>5</b> Payee name LETICIA PLUMMER CAMPAIGN
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2611 PINEBEND  PEARLAND, TX 77584
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH COUNCIL
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name Melanine Miles Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2406 arbor  houston, TX 77004
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH COUNCIL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name SHEILA JACKSON LEE CAMPAIGN
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Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4412 ALMEDA  HOUSTON, TX 77004
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH MAYOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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