

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | |
|---|--|--|-----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00086601 | 2 Total pages filed: 11 |
| 3 COMMITTEE NAME Families 4 Every Child | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/15/2024 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10245 Kempwood Dr. Ste. E Unit #5020 Houston, TX 77043 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR FIRST MI Mr. Richard J. | |
| | | NICKNAME LAST SUFFIX Griffin | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8709 Cedarspur Dr. Houston, TX 77055 | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8709 Cedarspur Dr. Houston, TX 77055 | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (713) 489-5527 | |
| 9 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 | |
| 10 PERIOD COVERED | | Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023 | |
| 11 ELECTION | | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME Families 4 Every Child | 13 Filer ID (Ethics Commission Filers) 00086601 |
|--|---|

| | | |
|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | | |
|-------------------------------|---|----|----------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 416.47 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 4,000.00 |

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. Richard J. Griffin

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

| | | |
|--|---|---|
| 17 COMMITTEE NAME Families 4 Every Child | | 18 Filer ID (Ethics Commission Filers) 00086601 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 300.00 |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 416.47 |
| 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 | \$ |

LOANS

SCHEDULE E

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 4/11 |
| 2 FILER NAME Families 4 Every Child | | 3 Filer ID (Ethics Commission Filers) 00086601 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 10/03/2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Richard | 9 Loan Amount (\$) \$300.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code HOUSTON, TX 77055 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> N/A |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/7 Rpt: 5/11 | 2 FILER NAME Families 4 Every Child | 3 Filer ID (Ethics Commission Filers) 00086601 |
|---|---|--|

| | |
|-----------------------------|--|
| 4 Date 07/06/2023 | 5 Payee name Anytime Mailbox |
|-----------------------------|--|

| | |
|---|--|
| 6 Amount (\$) \$9.99 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2831 St Rose Pkwy Ste 200 Henderson, NV 89052 |
|---|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 08/06/2023 | Payee name Anytime Mailbox |
|--------------------|-------------------------------|

| | |
|--|---|
| Amount (\$) \$9.99 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2831 St Rose Pkwy Ste 200 Henderson, NV 89052 |
|--|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 09/06/2023 | Payee name Anytime Mailbox |
|--------------------|-------------------------------|

| | |
|--|---|
| Amount (\$) \$9.99 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2831 St Rose Pkwy Ste 200 Henderson, NV 89052 |
|--|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/7 Rpt: 6/11 | 2 FILER NAME Families 4 Every Child | 3 Filer ID (Ethics Commission Filers) 00086601 |
|---|---|--|

| | |
|-----------------------------|--|
| 4 Date 10/06/2023 | 5 Payee name Anytime Mailbox |
|-----------------------------|--|

| | |
|---|--|
| 6 Amount (\$) \$9.99 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2831 St Rose Pkwy Ste 200 Henderson, NV 89052 |
|---|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 11/06/2023 | Payee name Anytime Mailbox |
|--------------------|-------------------------------|

| | |
|--|---|
| Amount (\$) \$9.99 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2831 St Rose Pkwy Ste 200 Henderson, NV 89052 |
|--|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 12/06/2023 | Payee name Anytime Mailbox |
|--------------------|-------------------------------|

| | |
|--|---|
| Amount (\$) \$9.99 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2831 St Rose Pkwy Ste 200 Henderson, NV 89052 |
|--|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/7 Rpt: 7/11 | 2 FILER NAME Families 4 Every Child | 3 Filer ID (Ethics Commission Filers) 00086601 |
| 4 Date 10/31/2023 | 5 Payee name Corporate Filings, LLC | |
| 6 Amount (\$) \$49.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 30 N Gould Street Ste 7001 Sheridan, WY 82801 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/03/2023 | Payee name Microsoft | |
| Amount (\$) \$12.78 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Overhead |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/03/2023 | Payee name Paragon Solutions | |
| Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/7 Rpt: 8/11 | 2 FILER NAME Families 4 Every Child | 3 Filer ID (Ethics Commission Filers) 00086601 |
| 4 Date 08/02/2023 | 5 Payee name Paragon Solutions | |
| 6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name Paragon Solutions | |
| Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2023 | Payee name Paragon Solutions | |
| Amount (\$) \$119.75 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/7 Rpt: 9/11 | 2 FILER NAME Families 4 Every Child | 3 Filer ID (Ethics Commission Filers) 00086601 |
|---|---|--|

| | |
|-----------------------------|--|
| 4 Date 11/10/2023 | 5 Payee name Paragon Solutions |
|-----------------------------|--|

| | |
|--|---|
| 6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282 |
|--|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing |
|---------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 12/04/2023 | Payee name Paragon Solutions |
|--------------------|---------------------------------|

| | |
|---|--|
| Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 07/31/2023 | Payee name Wells Fargo |
|--------------------|---------------------------|

| | |
|---|--|
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 420 Montgomery St San Francisco, CA 94104 |
|---|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Expense |
|-------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 6/7 Rpt: 10/11 | 2 FILER NAME Families 4 Every Child | 3 Filer ID (Ethics Commission Filers) 00086601 |
| 4 Date 08/31/2023 | 5 Payee name Wells Fargo | |
| 6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 420 Montgomery St San Francisco, CA 94104 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/29/2023 | Candidate/Officeholder name Wells Fargo | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 420 Montgomery St San Francisco, CA 94104 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Expense |
| Office held | | |
| Date 10/31/2023 | Candidate/Officeholder name Wells Fargo | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 420 Montgomery St San Francisco, CA 94104 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Expense |
| Office held | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|-------------|
| 1 Total pages Schedule F1: Sch: 7/7 Rpt: 11/11 | 2 FILER NAME Families 4 Every Child | 3 Filer ID (Ethics Commission Filers) 00086601 | |
| 4 Date 11/30/2023 | 5 Payee name Wells Fargo | | |
| 6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 420 Montgomery St San Francisco, CA 94104 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |