#### 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) 00086601 3 COMMITTEE NAME **OFFICE USE ONLY** Families 4 Every Child Date Received **ELECTRONICALLY FILED** 01/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 10245 Kempwood Dr. Date Hand-delivered or Date Postmarked Ste. E Unit #5020 Change of Address Houston, TX 77043 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard J. NAME NICKNAME LAST **SUFFIX** Griffin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8709 Cedarspur Dr. STREET **ADDRESS** (Residence or Business) Houston, TX 77055 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8709 Cedarspur Dr. MAILING **ADDRESS** Houston, TX 77055 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 489-5527 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** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

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

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Families 4 Every Child			00086601	
14 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		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	416.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	4,000.00
16 AFFIDAVIT	•		·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Richa	rd J. Griffin	
		Signature of Car	mpaign Treasu	ırer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said _	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

		3 of 11
17 COMMITTEE NAME Families 4 Every Child	<b>18</b> Filer ID 00086601	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9. X SCHEDULE E: LOANS		\$ 300.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 416.47
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to comple	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 4/11		
2	FILER NAME Families 4 Every	r Child				(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 10/03/2023	7 Name of lender ou Griffin, Richard	t-of-state PA	C (ID#:	)	9 Loan Amount (\$) \$300.00
	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	HOUSTON, TX 77055				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instr	uctions)	•
14	Description of Coll  X None	ateral		15 Check if personal fu	nds were deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instr	uctions)	

#### SCHEDULE F1

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense 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	Families 4 Every Child 00086601
4 Date	5 Payee name
07/06/2023	Anytime Mailbox
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9.99	2831 St Rose Pkwy
, , , , ,	Ste 200
Expenditure from	
corporate funds	Henderson, NV 89052
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
	Rent
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/06/2023	Anytime Mailbox
	•
Amount (\$)	Payee address; City; State; Zip Code
\$9.99	2831 St Rose Pkwy
Expenditure from	Ste 200
corporate funds	Henderson, NV 89052
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-1-	
Date	Payee name
09/06/2023	Anytime Mailbox
Amount (\$)	Payee address; City; State; Zip Code
\$9.99	2831 St Rose Pkwy
	Ste 200
Expenditure from corporate funds	Henderson, NV 89052
	T <sub>n</sub> ,
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
	Rent
	I VCIII
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	·

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services  The Instruction Gui	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 2/7 Rpt: 6/11		Families 4							00086601	
4	Date	5	Payee name								
	10/06/2023		Anytime Ma	ailbox							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$9.99		2831 St Ro	-	•	•					
			Ste 200	,							
I	Expenditure from			NIV 000E2							
ഥ	corporate funds	L	Henderson	, NV 89052							
8	PURPOSE OF	(a)		ee Categories listed at the		edule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental Exp	ense			<b>=</b>		de of Texas. Com	
								Rent	, I.A.,	officeholder living	rexpense
								Kent			
┡	Operation ONLY if the st	L_	2 III - I - I - I - I - I			ve:				O#: I	.1.4
	Complete ONLY if direct expenditure to benefit C/Oh		Jandidate/Oπ	ceholder name		Office sou	ugnt 			Office he	eia
	Date		Payee name								
	11/06/2023		Anytime Ma	ailbox							
	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	ode				
	\$9.99		2831 St Ro	se Pkwy							
			Ste 200	,							
l	Expenditure from			NIV 900E2							
ᄩ	Corporate funds	L	Henderson								
	PURPOSE OF	(a)		ee Categories listed at the		edule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental Exp	ense			<b>=</b>		de of Texas. Com officeholder living	
								Rent	, 170,	omeenoider iiviing	CAPCHIC
								. tone			
	Complete ONLY if direct		Candidate/Off	ceholder name	C	Office sou	l ught			Office he	eld
	expenditure to benefit C/O	П									
	Date		Payee name								
	12/06/2023		Anytime Ma	ailbox							
┢	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	ode				
	\$9.99		2831 St Ro		,						
	40.00		Ste 200	oo i kiiy							
╟┈	Expenditure from			NN / 000E0							
느	corporate funds		Henderson	, NV 89052							
	PURPOSE OF	(a)	Category (S	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental Exp	ense			<u></u>		de of Texas. Com officeholder living	
								Rent	, 1,	omocnoider iiVIIIg	experise
$\vdash$	Complete ONLY if direct	Щ	Candidata/O#	ceholder name		Office sou	ıabt			Office he	nld
	expenditure to benefit C/O		Januruale/UII	CONTROL HAITE	C	/1110E 20L	agrit			Onice He	Jiu
$\vdash$											
L											

#### 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

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

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 7/11	Families 4 Every Child	00086601
4 Date	5 Payee name	'
10/31/2023	Corporate Filings, LLC	
6 Amount (\$) \$49.00  Expenditure from corporate funds	7 Payee address; City; State; Zip Co 30 N Gould Street Ste 7001 Sheridan, WY 82801	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Overhead
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ight Office held
Date	Payee name	
07/03/2023	Microsoft	
Amount (\$) \$12.78  Expenditure from corporate funds	Payee address; City; State; Zip Co One Microsoft Way Redmond, WA 98052	ode
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  Office Overhead
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ight Office held
Date 07/03/2023	Payee name Paragon Solutions	
Amount (\$) \$25.00  Expenditure from corporate funds	Payee address; City; State; Zip Co 2141 East Broadway Rd. Ste 202 Tempe, AZ 85282	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Processing
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soul	ight Office held

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labo	
-	The Instruction Guide explains how to complete this form	l
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 8/11	Families 4 Every Child	00086601
4 Date	5 Payee name	•
08/02/2023	Paragon Solutions	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25.00	2141 East Broadway Rd.	
Ψ20.00	·	
Expenditure from	Ste 202	
corporate funds	Tempe, AZ 85282	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1 663	travel outside of Texas. Complete Schedule T.
	I — I —	Austin, TX, officeholder living expense
	Credit Ca	ard Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
09/05/2023	Paragon Solutions	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.00	2141 East Broadway Rd.	
	Ste 202	
Expenditure from corporate funds	Tempe, AZ 85282	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	1003	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		ard Processing
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		5.1133 1.101a
	T _	
Date	Payee name	
10/02/2023	Paragon Solutions	
Amount (\$)	Payee address; City; State; Zip Code	
\$119.75	2141 East Broadway Rd.	
	Ste 202	
Expenditure from corporate funds	Tempe, AZ 85282	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	 n
OF		travel outside of Texas. Complete Schedule T.
EXPENDITURE		Austin, TX, officeholder living expense
	Credit Ca	ard Processing
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Н	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	)
Sch: 5/7 Rpt: 9/11	Families 4 Every Child 00086601	
4 Date	5 Payee name	
11/10/2023	Paragon Solutions	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25.00	2141 East Broadway Rd.	
	Ste 202	
Expenditure from corporate funds	Tempe, AZ 85282	
8 PURPOSE	[(a) a   (b) a	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit Card Processing	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
experiditure to benefit C/Oi	П	
Date	Payee name	
12/04/2023	Paragon Solutions	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.00	2141 East Broadway Rd.	
	Ste 202	
Expenditure from corporate funds	Tempe, AZ 85282	
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.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit Card Processing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialiture to benefit C/O		
Date	Payee name	
07/31/2023	Wells Fargo	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	420 Montgomery St	
- "		
Expenditure from corporate funds	San Francisco, CA 94104	
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.	
LAI LINDITORE	Check if Austin, TX, officeholder living expense	
	Banking Expense	
Operation Children	Out tild to 10 ff a shall be marked.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
2		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

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: 6/7 Rpt: 10/11	Families 4 Every Child 00086601
4 Date	5 Payee name
08/31/2023	Wells Fargo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	420 Montgomery St
Expenditure from corporate funds	San Francisco, CA 94104
8 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
	Banking Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/29/2023	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$10.00	420 Montgomery St
Expenditure from	
corporate funds	San Francisco, CA 94104
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
	Banking Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
10/31/2023	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	420 Montgomery St
Expenditure from	
corporate funds	San Francisco, CA 94104
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
	Banking Expense
Commission CAULY if allowing	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to beliefit 6/01	

#### 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 11/11	Families 4 Every Child		00086601
4	Date	5 Payee name		
	11/30/2023	Wells Fargo		
6	Amount (\$)	7 Payee address; City; S	State; Zip Code	
	\$10.00	420 Montgomery St		
	Expenditure from corporate funds	San Francisco, CA 94104		
8	PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description	
	OF EXPENDITURE	Fees	-	avel outside of Texas. Complete Schedule T.
	-		, <u> </u>	ustin, TX, officeholder living expense
			Banking E	xpense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name H	Office sought	Office held