CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

	ics Commission Filers) 2 Tota	al pages filed:	0	FFICE USE ONLY
00084977		19	Date Rece	eived
3 COMMITTEE NAME	Black Women of Greater Hous	ston PAC	ELEC1 01/31/2	FRONICALLY FILED 2024
4 TREASURER NAME	Hebron, Duni			
			Date Hand	d-delivered or Date Postmarked
5 ORIGINAL REPORT TYPE	January 15	Runoff	Receipt #	Amount
	X July 15 30th day before election	10th day after campaign treasurer	resignation	Anount
	8th day before election	Dissolution report Other (specify)	Date Proc	essed
6 ORIGINAL PERIOD				
6 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2023	Month Day Y THROUGH 06/30/2023	ear Date Imag	jed
7 EXPLANATION OF C				
therefore kindly requestin	ng a Waiver, as the report was filed	e all been completed. The report was file		
8 AFFIDAVIT		l swear, or affirm, under pena	hy of periuny that this	corrected report is true
		and correct.	ty of perjury, that this	
		Check the box next to any an	l all applicable staten	nents:
		X Semiannual reports: was made in good faith misrepresent the inform	and without an intent	to mislead or to
		X Other reports: I swear report not later than the that the report as origina swear, or affirm, that an filed was made in good	L4th business day af Ily filed is inaccurate r error or omission in	ter the date I learned or incomplete. I
			Duni Hebron	
		Signatur	of Campaign Treas	urer
AFFIX NOTARY ST	AMP / SEAL ABOVE	Signatur		
Sworn to and subsc	ribed before me, by the said		, this the	day
		h, witness my hand and seal of office.		
Signature of offic	er administering oath Prir	ted name of officer administering oath	Title of off	ficer administering oath
		ny Part Of The Campaign Fina o Report And Explain Correct		m

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this fo	orm.	- (E	iler ID thics Commissic 0084977	on Filers)		2 Total pag	jes filed: 19	
3 COMMITTEE NAME						OFFIC	CE USE	ONLY
Black Women of Greater Houston PAC						Date Received		
								FILED
						01/31/2024	-	
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #;	CIT	Y:	STATE;	7IP	CODE			
ADDRESS 3139 W. Holcombe Blvd.	0.1	-,	с. <i>н</i> .е,					
Ste 420						Date Hand-delive	ered or Date F	rostmarked
Change of Address HOUSTON, TX 77025						Receipt #	Am	ount
						Date Processed		
						Date Imaged		
5 CAMPAIGN MS / MRS / MR FIRST						MI		
TREASURER Duni								
NICKNAME LAST Hebron						SUFFIX		
Періон								
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLE/	ASE):		APT /	SUITE #;	CITY;		STATE;	ZIP CODE
TREASURER STREET 11823 Sea Shadow Bend	,,			,	1		_,	
ADDRESS								
(Residence or Business) Pearland, TX 77584								
7 CAMPAIGN STREET OR PO BOX; TREASURER			APT	/ SUITE #;	CITY;		STATE;	ZIP CODE
MAILING 11823 Sea Shadow Bend								
ADDRESS								
Change of Address Pearland, TX 77584								
8 CAMPAIGN AREA CODE PHONE NUMBE	R E	EXTEN	ISION					
PHONE (281) 989-8876								
9 REPORT January 15	–	المعار		_		1 Disasterio -	(A#+++ D.) (
	_	-	before election			Dissolution	-	
July 15	8th	ı day b	efore election			10th day after termination	er campaigi	n treasurer
	Ru	noff						
10 PERIOD Month Day Year				Month	Day	Year		
COVERED 01/01/2023	T⊦	IROU	GH	06	6/30/2023	3		
11 ELECTION ELECTION DATE		rimon			TYPE	Dother		
Month Day Year 11/07/2023		rimary		Runoff		Other		
	ΧG	eneral		Special				
	GO T	O P/	AGE 2					
Forms provided by Texas Ethics Commission w	ww.et	nics.s	tate.tx.us			,	Version \	/3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Black Women of Grea	ter Houston PAC		00084977	· · · · · · · · · · · · · · · · · · ·
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	12,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,910.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	31,125.31
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
			Hebron	
		Signature of Car	npaign Treasu	irer
	Y STAMP / SEAL ABOVE		vio the	
		which, witness my hand and seal of office.	iis trie	day
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas	Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

FORM GPAC COVER SHEET PG 3

4 of 19

17 COMMITT		18 Filer ID	(Ethics Commission Filers)
	men of Greater Houston PAC	00084977	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,350.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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 (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 9,910.00
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$ 7,270.66
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - GPAC

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 5/19	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		en of Greater Houston PAC			00084977	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/24/2023	Adams, Wanda				\$150.00
		6 Contributor address; City; State; Zip Code		1		
		Lisuaton TV 7704E				
Ļ	Drincinal occu	Houston, TX 77045 Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
°	Judge		City of Houston	5)		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	03/24/2023	Alexander, Lillian	/		Allount of contribution (+)	\$500.00
	00,2			•		+000000
		Houston, TX 77004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/22/2023	Armstrong, Nomathemba				\$150.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77010				
		Ipation / Job title (See Instructions)	Employer (See Instructions			
		pplies Salesperson	Armstrong Medical Sup	ру		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±1 000 00
	03/20/2023	Banks, Brenda				\$1,000.00
		Contributor address; City; State; Zip Code				
		Humble, TX 77346				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Financial Ad	visor	Merrill Lynch			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/24/2023	Benjamin, Dawn				\$150.00
		Contributor address; City; State; Zip Code		1		
		Fulshear, TX 77441				
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Self Employe	ed				

	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 6/19	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		en of Greater Houston PAC				00084977	
4	Date		e PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/21/2023	Bessard, Donita					\$150.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77051					
8	Principal occu	Ipation / Job title (See Instructions)	,	9 Employer (See Instructions	<u> </u>		
0	Owner/Opera			Mass Appeal by Episode			
╞━	Date					Amount of Contribution (\$)	
	Date 06/10/2023	Bowie, Chara	: PAC (ID#:_)			\$150.00
	00/10/2020						Φ130.00
		Contributor address; City; State; Zip Code					
		Humble, TX 77396					
⊢	Principal occu	I upation / Job title (See Instructions)	1	Employer (See Instructions			
	Director			Harris County Precinct 2			
⊨	Date	Full name of contributor Out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	03/22/2023	Brooks, Mary					\$150.00
		Baytown, TX 77521					
		upation / Job title (See Instructions)		Employer (See Instructions)		
	Sitter			Nursing Care			
Γ	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	03/24/2023	Brown, Stephanie					\$150.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77054					
┝	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Processor			FedEx Ground	9		
⊨						Array of Cantribution (\$)	
	Date 03/02/2023	Full name of contributor out-of-state Chandler, Grace	; PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	03/02/2023						Φ000.00
		Contributor address; City; State; Zip Code					
		Pearland, TX 77584					
	Principal occu	I upation / Job title (See Instructions)	1	Employer (See Instructions			
		tions Manager		The Donatto Group			
⊢							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/8 Rpt: 7/19	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	en of Greater Houston PAC		00084977	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/19/2023	Coryat, Marina			\$150.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77001	1 _ · · /2 · · · ·		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Staffer		State of Texas House of	- -	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/16/2023	Davis, Charlotte			\$150.00
	Contributor address; City; State; Zip Code			
	Caring TV 77909			
Drincinal occu	Spring, TX 77383	Employer (See Instructions		
Counselor	ipation / Job title (See Instructions)		<i>i)</i>	
		<u> </u>	Amount of Contribution (ft)	
Date 03/22/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$150.00
0312212023	Davis, Terri			ΦT20'00
	Contributor address; City; State; Zip Code			
	Houston, TX 77021			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Young Wom	en Christian Association	Chief Executive Officer		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/24/2023	Dewalt, M. Kaye			\$500.00
	Contributor address; City; State; Zip Code			
-	Houston, TX 77071			
Principal occu Aldine Scho	Ipation / Job title (See Instructions)	Employer (See Instructions)	
		Chief Counsel	1	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	±150.00
06/09/2023	Ferrell, Madalyn			\$150.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Administrato		U.S. Dept. of Homeland		
/ (4111110101010				

	The Instru	ction Guide explains how to complete t	this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 8/19	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		en of Greater Houston PAC				00084977	-
4	Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	03/23/2023	Flewellen, Elnora					\$150.00
		6 Contributor address; City; State; Zip Code					
	Dringing occu	Houston, TX 77071	<u> </u>	Employer (See Instructions	$\sum_{i=1}^{n}$		
ð	Retired	upation / Job title (See Instructions)	ľ	9 Employer (See Instructions	9		
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	03/24/2023	Flowers, Catherine					\$150.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77021					
		upation / Job title (See Instructions)		Employer (See Instructions			
	Strategy Cor	nsultant		TCF Professional Servic	:es		
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	03/24/2023	Fontenot, Felita					\$150.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77070					
\vdash	Principal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> ເ)		
	Realtor			Caldwell Banker	''		
╞	Date	Full name of contributor Out-of-state PAC			Γ	Amount of Contribution (\$)	
	03/23/2023	Freddie, Sarah	С (івя	/		Allount of Contribution (+)	\$500.00
	00,20,212	· ·					4000
		Houston, TX 77021					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Division Mar	nager		Houston Airport System	I		
F	Date	Full name of contributor out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	03/19/2023	Gaskin, Pamiel					\$150.00
		Contributor address; City; State; Zip Code					
		Missouri City , TX 77459					
		upation / Job title (See Instructions)		Employer (See Instructions			
	Realtor			George E. Johnson Pro	per	ties	

_							
	The Instru	ction Guide explains how to comp	plete this fo	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 9/19	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Black Wome	n of Greater Houston PAC				00084977	
4	Date	5 Full name of contributor 🗌 out-of-st	state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/24/2023	Gibson, Shannon					\$150.00
		6 Contributor address; City; State; Zip Co	ode				
	l						
	I						
Ļ		Alvin, TX 77511	r		Ĺ		
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Retired				-		
	Date		tate PAC (ID#:)		Amount of Contribution (\$)	
	03/23/2023						\$150.00
	l	Contributor address; City; State; Zip Co	de				
	l						
	I	Fresno, TX 77545					
_	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> ۱)		
	Physician				''		
╞	Date	Full name of contributor out-of-st	state PAC (ID#:)		Amount of Contribution (\$)	
	03/22/2023	Hunter-Greenaway, Nikki	lale FAC (ID#	/			\$150.00
	00,22,211	Contributor address; City; State; Zip Cod					*± •••••
	l		uc				
	I						
		Katy, TX 77494					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Nurse Practi	tioner					
	Date	Full name of contributor 🗌 out-of-st	state PAC (ID#:)		Amount of Contribution (\$)	
	06/08/2023	Jackson Lee, Sheila					\$500.00
	I	Contributor address; City; State; Zip Co					
	I						
	l	11 JUNE TV 77001					
	Drinsipal appr	Houston, TX 77021		Englaver (Cae Instructions			
	Principal occu Congresswo	pation / Job title (See Instructions)		Employer (See Instructions United States House of		procentative	
╘	_					-	
	Date		state PAC (ID#:)		Amount of Contribution (\$)	* 500.00
	03/23/2023	Jones, Frances					\$500.00
	I	Contributor address; City; State; Zip Co	de				
	I						
	I	Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	 ;)		
	Attorney at L			Frances Jones Law	''		
┝		<u> </u>	l				

_					_		
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 10/19	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Black Wome	en of Greater Houston PAC				00084977	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/04/2023	Lowe, Karen					\$1,000.00
		6 Contributor address; City; S	tate; Zip Code		1		
		Houston, TX 77056					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Public Relati	ions Consultant					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/24/2023	McElroy, Jacqueline B					\$150.00
		Contributor address; City; S	state; Zip Code				
		Houston, TX 77021					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Attorney						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/23/2023	McPeters, Linda					\$1,000.00
		Contributor address; City; S	state: Zip Code		1		
			, I				
		Spring, TX 77386					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/24/2023	Moore, Tracey					\$500.00
		Contributor address; City; S	state; Zip Code		1		
			· ·				
		Hoston, TX 77054					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Administrato	،r					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/23/2023	Olivier, Raquel					\$1,000.00
		Contributor address; City; S	itate; Zip Code		1		
		Houston, TX 77068					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Consultant						

SCHEDULE	A1
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				_		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 11/19	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Black Wome	en of Greater Houston PAC			00084977	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/22/2023	Rowe, Connettra				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		1				
		Houston, TX 77044	·			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Accountant		<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/25/2023	Seymour, Barbara				\$150.00
		Contributor address; City; State; Zip Code				
		1				
		Laston TV 77056				
⊢	Dringing oog	Hoston, TX 77056	Employer (Soo Instructions			
	Attorney	upation / Job title (See Instructions)	Employer (See Instructions	5)		
╞			<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u> </u>
	01/28/2023	Suesberry Jackson, Carla				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77098				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 3)		
	•	prporate Counsel	Magellan Health	.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/24/2023	Thomas, Shaneka			Allount of Contraction (1)	\$150.00
	00,2	Contributor address; City; State; Zip Code		\mathbf{I}		+=+
		1				
		Pearland, TX 77584				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	General Mar	nager	Definitely On Time Freig	yht		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/15/2023	Toye, Shelton				\$150.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
		Peraland, TX 77584				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Lawyer					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 12/19	
2	FILER NAME			3	Filer ID (Ethics Commission	Eilers)
[n of Greater Houston PAC			00084977	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/23/2023	West-Ewing, Carisa				\$150.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Pearland, TX 77584				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Consultant					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	03/24/2023	Willams, Rebekah	······································			\$150.00
	00/2 1/2020					\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77091				
	Deinsinglasse		Frankriger (October de starte stieres	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Communica	ions Specialist	City of Houston Mayor's	0	тісе	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/14/2023	Williams, Janaeya				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77020				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Consultant					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/24/2023	Wyatt, Carla				\$150.00
	00/24/2020	-				φ100.00
		Contributor address; City; State; Zip Code				
		Houston TX 77021				
	Deinsinglasse	Houston, TX 77021	Frankriger (October de starte stieres	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Treasurer		Harris County Commiss	IO	ers Court	
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SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting 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: 1/2 Rpt: 13/19	Black Women of Greater Houston PAC 00084977
4 Date 01/12/2023	5 Payee name Action Network Too
6 Amount (\$)	
\$10.00	7 Payee address; City; State; Zip Code 9009461 W. 23rd St., 2nd Flr
Expenditure from corporate funds	New York, NY 10010
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/24/2023	Danielle Keys Bess Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O.Box 8367
Expenditure from corporate funds	Houston, TX 77288-8367
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donations
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/09/2023	Martha Castex-Tatum Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5445 Almeda Road, Ste 307
Expenditure from corporate funds	Houston, TX 77004
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 14/19	Black Women of Greater Houston PAC		00084977
4 Date	5 Payee name		
02/10/2023	Melanie Miles for Houston Campaign		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$5,000.00	3718 Parkwood		
Expenditure from corporate funds	Hoston, TX 77021		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	Check if travel	outside of Texas. Complete Schedule T. h, TX, officeholder living expense Ontribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date	Payee name		
05/18/2023	Sheila Jackson Lee Campaign		
Amount (\$)	Payee address; City; State;	Zip Code	
\$2,900.00	4412 Almeda Road		
Expenditure from corporate funds	Houston, TX 77004		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	Check if travel	outside of Texas. Complete Schedule T. h, TX, officeholder living expense Ontribution
Complete ONLY if direct	Candidate/Officeholder name O	ffice sought	Office held
expenditure to benefit C/O	^{DH} Jackson Lee, Sheila		2900.00

Total pages Schedule I: Sch: 1/5 Rpt:	2 FILER NAME Black Women of Greater Houston PAC		3 Filer ID (Ethics Commission Filers) 00084977
Date 04/03/2023	5 Payee name Club Express		
Amount (\$) 47.26 Argenditure from	 Payee Address; City; State; Zip 1051 Perimeter Drive, Suite 350 		
corporate funds	Schaumberg, IL 60173		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Fees	(See instructions regarding type of information required.
Date 06/01/2023	Payee name Club Express		
Amount (\$) 47.20 – Expenditure from	Payee Address; City; State; Zip 1051 Perimeter Drive, Suite 350		
Corporate funds PURPOSE OF EXPENDITURE	Schaumberg, IL 60173 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Fees	(See instructions regarding type of information required.
Date	Payee name		
05/01/2023 Amount (\$) 47.16 Expenditure from	Club Express Payee Address; City; State; Zip 1051 Perimeter Drive, Suite 350 Schaumberg, IL 60173		
corporate funds PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Fees	(See instructions regarding type of information required.
Date 03/17/2023	Payee name Club Express		
Amount (\$) 80.00 Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Drive, Suite 350 Schaumberg, IL 60173		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Fees	(See instructions regarding type of information required.

Sch: 2 Date 03/01// Amoun Expend EXPEN Date 02/01// Amoun	2023 t (\$) 50.32 diture from ate funds POSE DF NDITURE	 2 FILER NAME Black Women of Greater Houston PAG 5 Payee name Club Express 7 Payee Address; City; State; Zi 1051 Perimeter Drive, Suite 350 Schaumberg, IL 60173 (a) Category (See instructions for examples of acceptable Fees 	p	3 Filer ID (Ethics Commission Filers 00084977 (See instructions regarding type of information required.
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Expend corpora EXPEN Date 02/01/ Amoun	50.32 diture from ate funds POSE OF NDITURE	1051 Perimeter Drive, Suite 350 Schaumberg, IL 60173 (a) Category (See instructions for examples of acceptable Fees Payee name	e categories) (b) Description	(See instructions regarding type of information required.
Date 02/01/2 Expend	ate funds POSE OF NDITURE	(a) Category (See instructions for examples of acceptable Fees Payee name		(See instructions regarding type of information required.
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T Expend	t (\$)	Club Express		
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- 1	liture from ate funds	Schaumberg, IL 60173		
-	POSE OF NDITURE	(a) Category (See instructions for examples of acceptable Fees	e categories) (b) Description Fees	(See instructions regarding type of information required.
Date		Payee name		
01/03/	2023	Club Express		
Amoun	t (\$)	Payee Address; City; State; Zi	р	
	46.80	1051 Perimeter Drive, Suite 350		
	diture from ate funds	Schaumberg, IL 60173		
(POSE OF NDITURE	(a) Category (See instructions for examples of acceptable Fees	e categories) (b) Description Fees	(See instructions regarding type of information required.
Date		Payee name		
02/21/	2023	Country Rose Garden		
Amoun	t (\$)	Payee Address; City; State; Zi	р	
	97.43	4905 Fannin St.		
	diture from ate funds	Houston, TX 77004		
PUR	POSE	(a) Category (See instructions for examples of acceptable	e categories) (b) Description	(See instructions regarding type of information required.
	OF NDITURE	Credit Card Payment	Flowers	

Date 5 Payee name 04/24/2023 Duni Hebron Amount (\$) 7 Payee Address; City, State; Zip 906.50 11823 Sea Shadow Bend Porperate funds Pearland, TX 77584 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires of acceptable categories) Date Payee name Gray, Adfanie Amount (\$) Payee Address; City; State; Zip 400.00 2023 Emancipation Ave., Ste 100 Expenditure from Houston, TX 77004 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description Expenditure from Event Expense Event Expense Date Payee name (b) Description (See instructions regarding type of information requires) PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires) Date Payee name Langstead Catering Event Expense Event Expense Expenditure from Jood/Beverage Expense (b) Description (See instructons regar	Total pages Schedule I: Sch: 3/5 Rpt:	2 FILER NAME Black Women of Greater Houston PAC	3 Filer ID (Ethics Commission Filers 00084977
04/24/2023 Duni Hebron Amount (\$) 7 Payee Address; City, State; Zip 906.50 11823 Sea Shadow Bend PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description Gee instructions regarding type of information requires and the categories of acceptable categories) Date Payee name 06/12/2023 Gray, Adfanie Amount (\$) Payee Address; City, State; Zip 400.00 2023 Emancipation Ave., Ste 100 expenditure from Houston, TX 77004 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description Certer Expense (b) Category (See instructions for examples of acceptable categories) (b) Description Date Payee name (c) Category (See instructions for examples of acceptable categories) (b) Description Certer Expense (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires of acceptable categories) Date Payee name (c) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires of acceptable categories) Date Payee name (c) Category (See instructions for examples of acceptable categories) (b) Description (Se	-		00004911
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EXPENDITURE Event Expense Date Payee name 06/09/2023 Langstead Catering Amount (\$) Payee Address; City; State; Zip 1,892.50 3906 Gertin Street Expenditure from Houston, TX 77004 PURPOSE (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information requi Food/Beverage Expense Food expense Food expense Date Payee name 6/20/2023 Lexis Florist Amount (\$) Payee Address; City; State; Zip food expense 6102 Skyline Dr. Ste A Houston, TX 77057 Houston, TX 77057 PURPOSE (a) Category (See instructions resamples of acceptable categories) (b) Description (See instructions regarding type of information requi Date Payee name 6102 Skyline Dr. Ste A Food expense Food expense 148.30 G102 Skyline Dr. Ste A Houston, TX 77057 Four examples of acceptable categories) (b) Description (See instructions regarding type of information requi OF (a) Category (See instructions for examples of acceptable categories) (b) Description (S			(b) Description (See instructions regarding type of information required.
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Amount (\$) Payee Address; City; State; Zip 148.30 6102 Skyline Dr. Ste A Lexpenditure from corporate funds Houston, TX 77057 Houston, TX 77057 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Flowers	Date	Payee name	
148.30 6102 Skyline Dr. Ste A Expenditure from corporate funds Houston, TX 77057 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Credit Card Payment (b) Description Flowers (See instructions regarding type of information required)	06/20/2023	Lexis Florist	
Expenditure from corporate funds Houston, TX 77057 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required informatint required i	Amount (\$)		
Locrporate funds Houston, TX 77057 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Credit Card Payment (b) Description Flowers (See instructions regarding type of information required)	148.30	6102 Skyline Dr. Ste A	
OF Credit Card Payment Flowers		Houston, TX 77057	
			(b) Description (See instructions regarding type of information required.
		Credit Card Payment	Flowers

Sch: 4/5 Rpt:	ule I: 2 FILER NAME Black Women of Greater Houston PAC	3 Filer ID (Ethics Commission Filers) 00084977
Date		00084977
02/27/2023	5 Payee name Sharon Murphy	
Amount (\$)	7 Payee Address; City; State; Zip	
564.32	9354 Shady Lane Circle	
Expenditure from corporate funds	Houston, TX 77063	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable of Event Expense	categories) (b) Description (See instructions regarding type of information required. Event Expense
Date	Payee name	
03/27/2023	Soiree Careing	
Amount (\$)	Payee Address; City; State; Zip	
783.50	12218 Riva Ridge Lane	
Expenditure from corporate funds	Houston, TX 77071	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable of Event Expense	categories) (b) Description (See instructions regarding type of information required. Food for event
Date	Payee name	
03/27/2023	T-Shirt King	
Amount (\$) 198.10	Payee Address; City; State; Zip 7798 Harwin Dr	
Expenditure from corporate funds	Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable of Credit Card Payment	categories) (b) Description (See instructions regarding type of information required. Printing on shirts
Date	Payee name	
03/21/2023	T-Shirt King	
Amount (\$)	Payee Address; City; State; Zip	
565.13	7798 Harwin Dr	
Expenditure from corporate funds	Houston, TX 77036	
PURPOSE	(a) Category (See instructions for examples of acceptable of	categories) (b) Description (See instructions regarding type of information required.
OF	Credit Card Payment	T-shirt printing

	The Instruction Guide explains how to complete this form.
. Total pages Schedule I: Sch: 5/5 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Black Women of Greater Houston PAC 00084977
Date 03/21/2023	5 Payee name T-Shirt King
Amount (\$) 1,096.03 Expenditure from corporate funds	7 Payee Address; City; State; Zip 7798 Harwin Dr Houston, TX 77036
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Credit Card Payment Shirts for events
Date 06/07/2023	Payee name Virtuoso Graphics
Amount (\$) 253.31 Cxpenditure from	Payee Address; City; State; Zip 4703 Richmond, Ste C
corporate funds PURPOSE OF EXPENDITURE	Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Credit Card Payment Name Tags for Members
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