

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |                                  |  |
|---|---|---|----------------------------------|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00083546 | <b>2 Total pages filed:</b><br>5 |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br>Ms.  | FIRST<br>Akilah A.  | MI                               | <b>OFFICE USE ONLY</b>   |
|   | NICKNAME  | LAST<br>Bacy  | SUFFIX                           |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE   |   |                                  | Date Hand-delivered or Date Postmarked   |
|   | P.O. Box 431582   |   |                                  | Receipt #  |
|   | Houston, TX 77243   |   |                                  | Amount   |
|   |   |   |                                  | Date Processed   |
|   |   |   |                                  | Date Imaged  |
| <b>5 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR   | FIRST   | MI                               |  |
|   | NICKNAME  | LAST  | SUFFIX                           |  |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |                                  |  |
|   |   |   |                                  |  |
| <b>7 CAMPAIGN TREASURER PHONE</b>   | AREA CODE   | PHONE NUMBER  | EXTENSION                        |  |
| <b>8 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |                                  |  |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |                                  |  |
| <b>9 PERIOD COVERED</b>   | Month   | Day   | Year                             | THROUGH  |
|   |   | 07/01/2023  |                                  | 12/31/2023   |
| <b>10 ELECTION</b>  | ELECTION DATE   |   | ELECTION TYPE                    |  |
|   | Month   | Day   | Year                             | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |
| <b>11 OFFICE</b>  | OFFICE HELD (if any)  |   |                                  | <b>12 OFFICE SOUGHT (if known)</b>   |
|   |   |   |                                  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 5

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Bacy, Akilah A. (Ms.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00083546 |
|---|---|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>                       |
|   |  | <b>COMMITTEE ADDRESS</b>                    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                                |   |    |           |
|--------------------------------|---|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 3,100.00  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 66,468.38 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00      |

**17 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.

\_\_\_\_\_  
 Ms. Akilah A. Bacy  
 Signature of Candidate or Officeholder

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      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 5

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Bacy, Akilah A. (Ms.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00083546 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b>           |  | <b>SUBTOTAL AMOUNT</b> |
|--|--|------------------------|
| <b>NAME OF SCHEDULE</b>                |  |                        |
| 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 E: LOANS  | \$                     |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 3,100.00            |
| 6. <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                     |
| 7. <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                     |
| 8. <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                     |
| 9. <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                     |
| 10. <input type="checkbox"/>           | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                     |
| 11. <input type="checkbox"/>           | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                     |
| 12. <input type="checkbox"/>           | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# 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:<br>Sch: 1/2 Rpt: 4/5              | <b>2</b> FILER NAME<br>Bacy, Akilah A. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083546   |
| <b>4</b> Date<br>07/03/2023   | <b>5</b> Payee name<br>Amanda Edwards Campaign  |  |
| <b>6</b> Amount (\$)<br>\$1,100.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 88228<br><br>Houston, TX 77288  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>09/29/2023  | Payee name<br>Amanda Edwards Campaign   |  |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>P.O. Box 88228<br><br>Houston, TX 77288   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held   |
| Date<br>08/04/2023  | Payee name<br>Black Women's PAC   |  |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>P.O. Box 122072<br><br>Arlington, TX 76012  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held   |

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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)

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|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 5/5 | <b>2</b> FILER NAME<br>Bacy, Akilah A. (Ms.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083546 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/16/2023 | <b>5</b> Payee name<br>Chavon Carr Campaign |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$500.00 | <b>7</b> Payee address; City; State; Zip Code<br>800 Sawyer St.<br><br>Houston, TX 77007 |
|----------------------------------|--|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
|---------------------------------|--|--|

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

|                    |  |
|--------------------|--|
| Date<br>09/28/2023 | Payee name<br>Christian Menefee Campaign |
|--------------------|--|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$500.00 | Payee address; City; State; Zip Code<br>P.O. Box 53823<br><br>Houston, TX 77006 |
|-------------------------|---|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
|-------------------------------|--|--|

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

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