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) 00084205 3 COMMITTEE NAME **OFFICE USE ONLY** Houstonians for Working Families Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 8373 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77004 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Roosevelt NAME NICKNAME LAST **SUFFIX** Daniels III STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1401 Cleburne St. STREET **ADDRESS** (Residence or Business) Houston, TX 77004 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1401 Cleburne St. MAILING **ADDRESS** Houston, TX 77004 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (601) 832-4301 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 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)
Houstonians for Working Families			00084205	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Claude Cummings, III Harris C	County Tax Ass	sessor-Collector
(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 POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)	\$	35,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	88.42
	4. TOTAL POLITICA	L EXPENDITURES	\$	47,537.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,257.41
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Rooseve	elt Daniels III	
		Signature of Car	mpaign Treasure	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	r administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 21

					Fage 3 01 21
				13 Filer ID	(Ethics Commission Filers)
g Families				00084205	
1. Candidates (Identify by name or, if applicable, classify by party.)		Laura Ashley S	Simmons State Ro	epresentative	
	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.)					
		Danny Norris	State Representat	tive	
(Identify by name or, if		,			
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted					
applicable, classify by party.)					
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Danny Norris B. Opposed A. Supported Danny Norris B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Danny Norris State Representation of election and nature of issue.) B. Opposed A. Supported Danny Norris State Representation of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed A. Supported Danny Norris State Representative Danny Norris State Representative A. Supported Danny Norris State Representative B. Opposed A. Supported Danny Norris State Representative

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 21
17 COI	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
Hou	ustonia	ns for Working Families	00084205	•	,
		E SUBTOTALS			
l		SCHEDULE		SUBTOTAL A	.MOUNT
<u> </u>	0.				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	35,000.00
				<u> </u>	,
١ ,	\Box	COLIED HE AS: MONI MONIETARY (IN MIND) POLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
	ш	ORGANIZATION			
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		6	
l '·	Ш	ORGANIZATION		\$	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
	ш				
10		COLUED III E E4. DOLUTION EVENNITURES EDOM DOLUTION CONTRIBUTION	0		47.507.40
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	47,537.19
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	ш			۳	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
15.	Ш	TO FILER) p	
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TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
action Guide explains how to complete t	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/21	
FILER NAME Houstonians for Working Families		3 Filer ID (Ethics Commission Filers) 00084205
 Full name of contributor	(ID#:)	7 Amount of Contribution (\$) \$35,000.00
Washington, DC 20001		
upation / Job title (See Instructions)	9 Employer (See Instruction	s)
1 5	ction Guide explains how to complete to some for Working Families 5 Full name of contributor out-of-state PAC Communications Workers of America 6 Contributor address; City; State; Zip Code Washington, DC 20001	5 Full name of contributor out-of-state PAC (ID#:) Communications Workers of America 6 Contributor address; City; State; Zip Code Washington, DC 20001

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 6/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/03/2024	AT&T
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$120.18	209 S. Akard St
Expenditure from corporate funds	Dallas, TX 75203
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
	Phone lines
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/03/2024	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$152.95	209 S. Akard St
¥202.00	200 017 illiand 01
Expenditure from corporate funds	Dallas, TX 75203
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
	Phone lines
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/17/2024	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$281.01	209 S. Akard St
7202.02	200 017 illiand 01
Expenditure from corporate funds	Dallas, TX 75203
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 Phone lines
	Filotie iiiles
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	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: 2/16 Rpt: 7/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/12/2024	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$400.00	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144-3132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/23/2024	AirBNB
Amount (\$)	Payee address; City; State; Zip Code
\$1,545.74	888 Brannan Street
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Consulting Housing (Houston)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/23/2024	Brooks, Lafeyounda
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1401 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Consulting Expense Consulting Expense Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Consulting fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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

se Travel in District
se Travel Out of District
or OTHER (enter a c

Candidate/Officeholder/Politica Credit Card Payment	I 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: 3/16 Rpt: 8/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/11/2024	Brooks, Lafeyounda
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1401 Cleburne St.
Expenditure from	
corporate funds	Houston, TX 77004
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Consulting fee
	Consuming lee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
01/22/2024	Campaign Verify
Amount (\$)	Payee address; City; State; Zip Code
\$95.00	1215 31ST STREET NW
·	
Expenditure from corporate funds	Washington, DC 20007
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 set up fee
	30t up 100
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/19/2024	Cuevas, Esther
Amount (\$)	Payee address; City; State; Zip Code
\$1,800.00	404 Oxford St Apt 1431
, ,	
Expenditure from corporate funds	Houston, TX 77007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Consulting fee
	Consulting fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 4/16 Rpt: 9/21	ilers)
Sch: 4/16 Rpt: 9/21 Houstonians for Working Families 00084205 4 Date 01/22/2024 5 Payee name Culture Measures, LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code	niers)
4 Date 5 Payee name Culture Measures, LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code	
01/22/2024 Culture Measures, LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
Expenditure from corporate funds Fresno, TX 77545	
· · · · · · · · · · · · · · · · · · ·	1
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Caregory is a Category (See Categories listed at the top of this schedule) Caregory is a Category (See Categories listed at the top of this schedule)	
EXPENDITURE Consulting Expense Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Data and organizational development	
Bata and organizational development	
Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
01/11/2024 Culture Measures, LLC	
Amount (\$) Payee address; City; State; Zip Code	
\$1,875.00 PO Box 563	
Expenditure from corporate funds Fresno, TX 77545	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Toyas Complete Schedule Toyas Complete Schedu	
EXPENDITURE Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Data and organizational development	
Bata and organizational development	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
01/16/2024 DoorDash	
Amount (\$) Payee address; City; State; Zip Code	
\$9.99 303 2nd Street	
Expenditure from corporate funds San Francisco, TX 94107	
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Monthly fee	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Legal Services

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 (enter a category not listed above)

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 10/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/16/2024	DoorDash
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$179.08	303 2nd Street
Expenditure from corporate funds	San Francisco, TX 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Staff meal
	Stan mean
0 0 1: 01!! \(\text{''} \) ''	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	EA Ventures
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	5145 Gauley River Dr.
Expenditure from corporate funds	Stone Mountain, GA 30087
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Social media consulting
	Social media consulting
Operation ONE Wife discont	Open Highest (Office health)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	FRNDS
Amount (\$)	Payee address; City; State; Zip Code
\$557.85	2441 University Blvd
Expenditure from corporate funds	Houston, TX 77005
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Staff meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/16 Rpt: 11/21	Houstonians for Working Families 00084205	
4 Date	5 Payee name	
01/16/2024	Fontainebleau	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$518.86	2777 South Las Vegas Boulevard	
Expenditure from corporate funds	Las Vegas, NV 89109	
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	
	Meeting with Donor and hotel cost	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to beliefit 6/01		
Date	Payee name	
01/16/2024	Fontainebleau	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,044.74	2777 South Las Vegas Boulevard	
4 _, 5		
Expenditure from	Los Verses NIV 00100	
corporate funds	Las Vegas, NV 89109	
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	
	Meeting with Donor and hotel cost	
	Weeting With Borlor and Noter cost	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
•		
Date	Payee name	
01/23/2024	Hall Arts Hotel Dallas	
Amount (\$)	Payee address; City; State; Zip Code	
\$425.59	1717 Leonard St	
Expenditure from corporate funds	Dallas, TX 75201	
PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Candidate meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H · ·	
		_

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 7/16 Rpt: 12/21	Houstonians for Working Families 00084205	
4 Date	5 Payee name	
01/23/2024	Hall Arts Hotel Dallas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$827.84	1717 Leonard St	
Expenditure from corporate funds	Dallas, TX 75201	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate meeting	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
01/22/2024	Hotel Zaza	
Amount (\$)	Payee address; City; State; Zip Code	
\$600.21	5701 Main St	
Expenditure from corporate funds	Houston, TX 77005	
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	
	Digital Consultant Hotel Fee	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
Date	Payee name	=
01/08/2024	IStore Houston Airport	
Amount (\$)	Payee address; City; State; Zip Code	_
\$59.52	2800 N Terminal Rd	
Expenditure from corporate funds	Houston, TX 77032	
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.	
LAI LINDITURE	Check if Austin, TX, officeholder living expense	
	Replacement phone charger	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
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		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 8/16 Rpt: 13/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/02/2024	Khan, Anisha
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$240.00	NEED
Expenditure from corporate funds	Houston, TX 77001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Contract labor
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	Mastro's Steakhouse
Amount (\$)	Payee address; City; State; Zip Code
\$360.94	1650 W Loop S
Expenditure from corporate funds	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Team Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2024	McGowan, Kenneth
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7962 Candlewood Ln.
Expenditure from corporate funds	Houston, TX 77071-2734
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Contract labor
	Contract labor
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethi	cs Commission Filers)
Sch: 9/16 Rpt: 14/21	Houstonians for Working Families 00084205	
4 Date	5 Payee name	
01/22/2024	Musume	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$52.10	2330 Flora St #100	
Expenditure from corporate funds	Dallas, TX 75201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
LAFENDITORE	Check if Austin, TX, officeholder living expens	se
	Staff meal	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data		
Date 01/02/2024	Payee name Nick Procton Enterprises	
	Nick Preston Enterprises	
Amount (\$)	Payee address; City; State; Zip Code	
\$720.00	9851 MEADOWGLEN LN	
Expenditure from		
corporate funds	Houston, TX 77042	
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 So	
	Transportation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	ОН	
Date	Payee name	
01/12/2024	Office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$653.77		
Expenditure from corporate funds	Boca Raton, FL 33496-2435	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	chedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expens	se
	supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
5		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 fo

	i ne instruction Guide explains now to co	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 10/16 Rpt: 15/21	Houstonians for Working Families	00084205
4 Date 01/19/2024	Payee namePolitical Data Intelligence (Call Time AI)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$300.00	PO Box 59570	
Expenditure from corporate funds	Norwalk, CA 90652-0570	
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 Call time software
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ight Office held
Date	Payee name	
01/22/2024	Southwest	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$50.00	2702 Love Field Dr	
Expenditure from corporate funds	Dallas, TX 75235	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Taylor Complete School let T
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Candidate/Officeholder name Office sou	Check if Austin, TX, officeholder living expense Fees
EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sou	Check if Austin, TX, officeholder living expense Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	Check if Austin, TX, officeholder living expense Fees
Complete ONLY if direct expenditure to benefit C/OlDate	Candidate/Officeholder name Office sou	Check if Austin, TX, officeholder living expense Fees ught Office held
Complete ONLY if direct expenditure to benefit C/OhDate 01/22/2024	Candidate/Officeholder name Office sou H Payee name Southwest	Check if Austin, TX, officeholder living expense Fees ught Office held
Complete ONLY if direct expenditure to benefit C/OFDate 01/22/2024 Amount (\$)	Candidate/Officeholder name Office southwest Payee address; City; State; Zip Co	Check if Austin, TX, officeholder living expense Fees ught Office held
Complete ONLY if direct expenditure to benefit C/OFDate 01/22/2024 Amount (\$) \$50.00	Candidate/Officeholder name Payee name Southwest Payee address; City; State; Zip Co	Check if Austin, TX, officeholder living expense Fees ught Office held
Complete ONLY if direct expenditure to benefit C/OnDate 01/22/2024 Amount (\$) \$50.00 Expenditure from corporate funds PURPOSE OF	Candidate/Officeholder name Payee name Southwest Payee address; City; State; Zip Co 2702 Love Field Dr Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office south	Check if Austin, TX, officeholder living expense Fees Ight Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees

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 complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/16 Rpt: 16/21 Houstonians for Working Families 00084205 4 Date Payee name 01/02/2024 The Annie Cafe 6 Amount (\$) Payee address; City; State; Zip Code 1800 Post Oak Blvd Suite 6170 \$1,272.72 Expenditure from Houston, TX 77056 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting with CWA and Media Firm Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2024 The Daniels Group LLC Amount (\$) Payee address; City; State; Zip Code \$3,500.00 1401 Cleburne St. Expenditure from Houston, TX 77004 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/05/2024 The Daniels Group LLC Amount (\$) Payee address: City: State; Zip Code \$7,500.00 1401 Cleburne St. Expenditure from corporate funds Houston, TX 77004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Administrative fee

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 12/16 Rpt: 17/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/22/2024	The Daniels Group LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1401 Cleburne St.
Evpanditura from	
Expenditure from corporate funds	Houston, TX 77004
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Consulting fee
	Consulting lee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
01/23/2024	The Daniels Group LLC
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1401 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Consulting fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/10/2024	The Daniels Group LLC
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1401 Cleburne St.
Expenditure from corporate funds	Houston, TX 77004
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
	Set up fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 13/16 Rpt: 18/21	Houstonians for Working Families 00084205	
4 Date	5 Payee name	
01/22/2024	Veracruz Cafe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$49.68	1427 Hwy 67	
Expenditure from		
corporate funds	Cedar Hill, TX 75104	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate Dinner Meeting	
	Sandidate Diffici Meeting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Power name	_
01/22/2024	Payee name Walls Farge	
	Wells Fargo	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.50	P.O. Box 6995	
Expenditure from		
corporate funds	Portland, OR 97228-6995	
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.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
'		_
Date	Payee name	
01/19/2024	Wells Fargo	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.50	P.O. Box 6995	
Funonditure from		
Expenditure from corporate funds	Portland, OR 97228-6995	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EVDENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialities to beliefft C/Of	•	
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	11. 0	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

ing Expense Travel in D ting Expense Travel Out aries/Wages/Contract Labor OTHER (e

Candidate/Officeholder/Politica Credit Card Payment	I 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: 14/16 Rpt: 19/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/05/2024	Wells Fargo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.50	P.O. Box 6995
- Evpanditura from	
Expenditure from corporate funds	Portland, OR 97228-6995
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 TRANSACTION FEE
	THO WORLD THE ELE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/05/2024	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
\$2.50	P.O. Box 6995
Expenditure from	
corporate funds	Portland, OR 97228-6995
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 TRANSACTION FEE
	TRANSACTION FLE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
D-4-	
Date	Payee name
01/05/2024	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
\$2.50	P.O. Box 6995
Expenditure from	
corporate funds	Portland, OR 97228-6995
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 TRANSACTION FEE
	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Control Processor and Related Above Control Processor and Related Expense C

Candidate/Officeholder/Politica Credit Card Payment	I 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: 15/16 Rpt: 20/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/04/2024	Wells Fargo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	P.O. Box 6995
Expenditure from corporate funds	Portland, OR 97228-6995
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 Wire transaction fee
	wire transaction rec
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/05/2024	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
\$550.00	P.O. Box 6995
Expenditure from corporate funds	Portland, OR 97228-6995
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Cash withdrawal for Meeting Expenses with Media Firm
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
01/05/2024	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
\$440.00	P.O. Box 6995
,	
Expenditure from corporate funds	Portland, OR 97228-6995
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Cash withdrawal for Meeting Expenses with Media
	Firm
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 16/16 Rpt: 21/21	Houstonians for Working Families 00084205
4 Date	5 Payee name
01/19/2024	Wells Fargo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$503.50	P.O. Box 6995
— Foresaditore from	
Expenditure from corporate funds	Portland, OR 97228-6995
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Cash withdrawal for sign distribution.
	Cash wanarawa for sign distribution.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
\$310.00	P.O. Box 6995
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Portland, OR 97228-6995
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Cash withdrawal forCandiate Meeting and Travel
	expenses.
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	