#### 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** 07/15/2024 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) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/05/2024 χ 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 Work  | 00084205  |  |                 |                            |
| 14 COMMITTEE<br>ACTIVITY  | Candidates (Identify by name or, if applicable, classify by party.)                 | A. Supported   |                 |                            |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed   |                 |                            |
|   | Measures (Describe by date and location of election and nature of issue.)           | A. Supported  B. Opposed   |                 |                            |
|   | Officeholders     Assisted (Identify by name or, if applicable, classify by party.) |  |                 |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS,<br>CONTRIBUTIONS M  | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$              | 0.00                       |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE  | IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)   | \$              | 12,800.00                  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED   | POLITICAL EXPENDITURES   | \$              | 0.00                       |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$              | 46,923.92                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL ( OF THE REPORTIN  | CONTRIBUTIONS MAINTAINED AS OF THE LAST I  | DAY \$          | 0.00                       |
| OUTSTANDING<br>LOAN TOTALS  |   | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$          | 0.00                       |
| 16 AFFIDAVIT  | ı   |  | <u> </u>        |                            |
|   |   | I swear, or affirm, under penalty of per<br>true and correct and includes all inforr<br>under Title 15, Election Code.               |                 |                            |
|   |   | Mr. Rooseve  | elt Daniels III |                            |
|   |   | Signature of Car   | npaign Treasu   | rer                        |
| AFFIX NOTAF   | RY STAMP / SEAL ABOVE   |  |                 |                            |
| Sworn to and subscribe  | ed before me, by the said _   | , th   | 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 offic  | er administering oath      |

### **SUBTOTALS - GPAC**

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

|                          |  |                            | 3 of 24     |  |  |  |  |  |
|--------------------------|--|----------------------------|-------------|--|--|--|--|--|
| 17 COMMITTE<br>Houstonia | <b>18</b> Filer ID 00084205  | (Ethics Commission Filers) |             |  |  |  |  |  |
|                          | 19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE  |                            |             |  |  |  |  |  |
| 1. X                     | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    |                            |             |  |  |  |  |  |
| 2.                       | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      |                            | \$          |  |  |  |  |  |
| 3.                       | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                            | \$          |  |  |  |  |  |
| 4.                       | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION     | DR                         | \$          |  |  |  |  |  |
| 5.                       | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR                   | \$          |  |  |  |  |  |
| 6.                       | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                      | SANIZATION                 | \$          |  |  |  |  |  |
| 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                  | S                          | \$ 46,923.9 |  |  |  |  |  |
| 11.                      | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |                            | \$          |  |  |  |  |  |
| 12.                      | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                 | ONS                        | \$          |  |  |  |  |  |
| 13.                      | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                    |                            | \$          |  |  |  |  |  |
| 14.                      | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION               | ONS                        | \$          |  |  |  |  |  |
| 15.                      | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER        | RETURNED                   | \$          |  |  |  |  |  |
|                          |  |                            |             |  |  |  |  |  |
|                          |  |                            |             |  |  |  |  |  |
|                          |  |                            |             |  |  |  |  |  |
|                          |  |                            |             |  |  |  |  |  |
|                          |  |                            |             |  |  |  |  |  |
|                          |  |                            |             |  |  |  |  |  |

|   | MONET                                       | ARY POLITICAL CONTRIBUTION  | SCHEDULE A1                   |   |  |            |
|---|---|---|-------------------------------|---|--|------------|
|   | The Instru                                  | ction Guide explains how to complete this f   | orm.                          | 1 | Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/24 |            |
| 2 | FILER NAME Houstonians for Working Families |   |                               |   | Filer ID (Ethics Commission 00084205           | on Filers) |
| 4 | Date 03/06/2024                             | 5 Full name of contributor  out-of-state PAC (ID#:_ The Daniels Group  6 Contributor address; City; State; Zip Code               |                               | 7 | Amount of Contribution (\$)                    | \$4,000.00 |
| _ | Delicalis al access                         | Houston, TX 77004   |                               |   |  |            |
| 8 | Principal occu                              | pation / Job title (See Instructions)   | 9 Employer (See Instructions) | ) |  |            |
|   | Date<br>03/27/2024                          | Full name of contributor out-of-state PAC (ID#:_ The Daniels Group Contributor address; City; State; Zip Code                     | )                             |   | Amount of Contribution (\$)                    | \$250.00   |
|   | Principal occu                              | Houston, TX 77004 pation / Job title (See Instructions)   | Employer (See Instructions    | ) |  |            |
|   | ·<br>                                       | ,   | . , ,                         | , |  |            |
|   | Date<br>03/28/2024                          | Full name of contributor out-of-state PAC (ID#:_ The Daniels Group  Contributor address; City; State; Zip Code                    | )                             |   | Amount of Contribution (\$)                    | \$5,300.00 |
|   |   | Houston, TX 77004   |                               |   |  |            |
|   | Principal occu                              | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |  |            |
|   | Date<br>04/08/2024                          | Full name of contributor out-of-state PAC (ID#:_ The Daniels Group  Contributor address; City; State; Zip Code  Houston, TX 77004 | )                             |   | Amount of Contribution (\$)                    | \$1,750.00 |
|   | Principal occu                              | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |  |            |
|   | Date<br>05/08/2024                          | Full name of contributor out-of-state PAC (ID#:_ The Daniels Group Contributor address; City; State; Zip Code Houston, TX 77004   |                               |   | Amount of Contribution (\$)                    | \$300.00   |
|   | Principal occu                              | pation / Job title (See Instructions)   | Employer (See Instructions    | ) |  |            |
|   |   |   |                               |   |  |            |

|   | MONET                     | TARY POLITICAL CO   | ONTRIBUTIOI            | NS                         |  | SCHEDUI                     | E A1       |
|---|---------------------------|---|------------------------|----------------------------|--|-----------------------------|------------|
|   | The Instru                | ction Guide explains how to   | m.                     |                            | 1 Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/24 |                             |            |
| 2 | FILER NAME<br>Houstonians | s for Working Families  |                        |                            | 3 Filer  | ID (Ethics Commission 84205 | on Filers) |
| 4 | Date 03/06/2024           |   |                        | <b>7</b> Amo               | ount of Contribution (\$)                        | \$1,000.00                  |            |
|   |                           | Houston, TX 77004   |                        |                            |  |                             |            |
| 8 | Principal occu            | upation / Job title (See Instructions)                                      | 9                      | Employer (See Instructions | s)   |                             |            |
|   | Date<br>04/03/2024        | Full name of contributor The Daniels Group Contributor address; City; State | out-of-state PAC (ID#: |                            | Amo  | unt of Contribution (\$)    | \$200.00   |
|   |                           | Houston, TX 77004   |                        |                            |  |                             |            |
|   | Principal occu            | upation / Job title (See Instructions)                                      |                        | Employer (See Instructions | 5)   |                             |            |
|   |                           |   |                        |                            |  |                             |            |
|   |                           |   |                        |                            |  |                             |            |

### SCHEDULE F1

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

Expense Travel in Distr Expense Travel Out of sWages/Contract Labor OTHER (ente

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

| Candidate/Officeholder/Politica<br>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: 1/19 Rpt: 6/24  | Houstonians for Working Families 00084205   |
| 4 Date   | 5 Payee name  |
| 03/22/2024   | ADP   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$170.51   | 4650 Westway Park Blvd.   |
|  |   |
| Expenditure from corporate funds                             | Houston, TX 77041   |
| 8 PURPOSE<br>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   |
|  | Payroll Fee   |
|  | T dyfoli i CC   |
| Complete CNI V if direct                                     | Candidate/Officeholder name Office sought Office hold   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|  |   |
| Date   | Payee name  |
| 03/13/2024   | ADP   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$701.19   | 4650 Westway Park Blvd.   |
|  |   |
| Expenditure from corporate funds                             | Houston, TX 77041   |
| PURPOSE  | (b) 0 · ·   |
| OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.                   |
| EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense   |
|  | Payroll Tax   |
|  |   |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                                  |   |
| Date   | Douge name  |
| 03/27/2024   | Payee name AT&T   |
|  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$281.01   | 208 S. Akard St   |
| Expenditure from   |   |
| corporate funds  | Dallas, TX 75202  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |
| EXPENDITORE  | Check if Austin, TX, officeholder living expense  |
|  | Phone bank line   |
|  |   |
| 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:<br>Sch: 2/19 Rpt: 7/24          | 2 FILER NAME3 Filer ID(Ethics Commission Filers)Houstonians for Working Families00084205  |  |
| <b>4</b> Date 04/17/2024                                   | 5 Payee name<br>AT&T  |  |
| 6 Amount (\$)<br>\$281.01                                  | 7 Payee address; City; State; Zip Code 208 S. Akard St  |  |
| Expenditure from corporate funds                           | Dallas, TX 75202  |  |
| 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  Phone bank line |  |
| Complete ONLY if direct<br>expenditure to benefit C/Oh     | Candidate/Officeholder name Office sought Office held   |  |
| Date<br>03/04/2024   | Payee name AT&T   |  |
| Amount (\$)<br>\$110.80                                    | Payee address; City; State; Zip Code 208 S. Akard St  |  |
| Expenditure from corporate funds                           | Dallas, TX 75202  |  |
| PURPOSE<br>OF<br>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  Phone bank line |  |
| Complete ONLY if direct expenditure to benefit C/O         | Candidate/Officeholder name Office sought Office held   |  |
| Date<br>03/04/2024   | Payee name AT&T   |  |
| Amount (\$)<br>\$141.04                                    | Payee address; City; State; Zip Code 208 S. Akard St  |  |
| Expenditure from corporate funds                           | Dallas, TX 75202  |  |
| PURPOSE<br>OF<br>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  Phone bank line |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |  |
|  |   |  |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | Il 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: 3/19 Rpt: 8/24                                    | Houstonians for Working Families 00084205  |
| 4 Date   | 5 Payee name   |
| 03/08/2024   | AT&T   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$90.00  | 208 S. Akard St  |
|  |  |
| Expenditure from corporate funds                       | Dallas, TX 75202   |
| 8 PURPOSE<br>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                                  |
|  | Phone bank line  |
|  | Thene sank inte  |
| 9 Complete ONLY if direct                              | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                            |  |
| Date   | Payee name   |
| 03/08/2024   | AT&T   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$30.16  | 208 S. Akard St  |
| Ψ00.10   | 200 3.7 mara 3t  |
| Expenditure from corporate funds                       | Dallas, TX 75202   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
|  | Check if Austin, TX, officeholder living expense  Phone bank line  |
|  | Thore bank line  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                            |  |
| Data   |  |
| Date<br>04/02/2024                                     | Payee name AT&T  |
|  |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$140.98   | 208 S. Akard St  |
| Expenditure from corporate funds                       | Dallas, TX 75202   |
| PURPOSE  | 1  |
| OF   | (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. |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|  | Phone bank line  |
|  |  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                            | 1  |
|  |  |
|  |  |
|  |  |

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| Credit Card Payment              | The Instruction Guide explains how to co                         | mplete t      | his form.   | ,,                      |
|----------------------------------|--|---------------|---|-------------------------|
| 1 Total pages Schedule F1:       | 2 FILER NAME   |               | 3 Filer ID (Et  | hics Commission Filers) |
| Sch: 4/19 Rpt: 9/24              | Houstonians for Working Families                                 |               | 00084205  |                         |
| 4 Date                           | 5 Payee name   |               |   |                         |
| 04/02/2024                       | AT&T   |               |   |                         |
| 6 Amount (\$)                    | 7 Payee address; City; State; Zip Co                             | de            |   |                         |
| \$110.76                         | 208 S. Akard St  |               |   |                         |
|                                  |  |               |   |                         |
| Expenditure from corporate funds | Dallas, TX 75202   |               |   |                         |
| 8 PURPOSE                        | (a) Category (See Categories listed at the top of this schedule) | <b>(b)</b> De | escription  |                         |
| OF<br>EXPENDITURE                | Office Overhead/Rental Expense                                   |               | Check if travel outside of Texas. Complete  |                         |
| EXI ENDITORE                     |  |               | Check if Austin, TX, officeholder living expenses bank line                                 | ense                    |
|                                  |  | PII           | ione bank iine  |                         |
| 9 Complete ONLY if direct        | Candidate/Officeholder name Office sou                           | aht           | Office held   |                         |
| expenditure to benefit C/Ol      |  | igrit         | Office field  |                         |
| Date                             | Device serve   |               |   |                         |
| 04/08/2024                       | Payee name AT&T  |               |   |                         |
| Amount (\$)                      |  | ndo.          |   |                         |
| \$90.00                          | Payee address; City; State; Zip Co 208 S. Akard St               | ue            |   |                         |
| φ90.00                           | 200 S. Akaiu Si  |               |   |                         |
| Expenditure from corporate funds | Dallas, TX 75202   |               |   |                         |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) | <b>(b)</b> De | scription   |                         |
| OF<br>EXPENDITURE                | Office Overhead/Rental Expense                                   |               | Check if travel outside of Texas. Complete  |                         |
|                                  |  |               | Check if Austin, TX, officeholder living expenses bank line                                 | ense                    |
|                                  |  |               | ione bank inte  |                         |
| Complete ONLY if direct          | Candidate/Officeholder name Office sou                           | l<br>ight     | Office held   |                         |
| expenditure to benefit C/O       |  | J             |   |                         |
| Date                             | Payee name   |               |   |                         |
| 04/08/2024                       | AT&T   |               |   |                         |
| Amount (\$)                      | Payee address; City; State; Zip Co                               | ode           |   |                         |
| \$30.16                          | 208 S. Akard St  |               |   |                         |
|                                  |  |               |   |                         |
| Expenditure from corporate funds | Dallas, TX 75202   |               |   |                         |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) |               | scription   |                         |
| OF<br>EXPENDITURE                | Office Overhead/Rental Expense                                   | ▎▕▏           | Check if travel outside of Texas. Complete<br>Check if Austin, TX, officeholder living expe |                         |
|                                  |  | ∐<br>  Ph     | one bank line   | ense                    |
|                                  |  |               |   |                         |
| Complete ONLY if direct          | Candidate/Officeholder name Office sou                           | <u> </u>      | Office held   |                         |
| expenditure to benefit C/O       |  |               |   |                         |
|                                  |  |               |   |                         |
|                                  |  |               |   |                         |
|                                  |  |               |   |                         |

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
TTALE (Control of State Control of C

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |      |
|--|--|------|
|  | <u>,                                      </u>   | - \  |
| 1 Total pages Schedule F1:   |  | S)   |
| Sch: 5/19 Rpt: 10/24   | Houstonians for Working Families 00084205  |      |
| 4 Date   | 5 Payee name   |      |
| 04/01/2024   | AirBNB   |      |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |      |
| \$1,009.47   | 888 Brannan Street   |      |
| , ,  |  |      |
| Expenditure from corporate funds   | San Francisco, CA 94103  |      |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |      |
| OF   | (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. |      |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense   |      |
|  | accommodations for consultants   |      |
|  |  |      |
| Complete ONLY if direct<br>expenditure to benefit C/OI                                     | Candidate/Officeholder name Office sought Office held H  |      |
|  |  |      |
| Date   | Payee name   |      |
| 02/28/2024   | AirBNB   |      |
| Amount (\$)  | Payee address; City; State; Zip Code   |      |
| \$1,545.88   | 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<br>EXPENDITURE  | Office Overhead/Rental Expense   |      |
|  | Check if Austin, TX, officeholder living expense   |      |
|  | accommodations for consultants   |      |
|  |  |      |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held  |      |
| experialitate to better 6/01   |  |      |
| Date   | Payee name   |      |
| 02/28/2024   | AirBNB   |      |
| Amount (\$)  | Payee address; City; State; Zip Code   |      |
| \$939.48   | 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   | Office Overhead/Rental Expense   |      |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense   |      |
|  | accommodations for consultants   |      |
|  |  |      |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |      |
| expenditure to benefit C/OI  | Н  |      |
|  |  |      |
|  |  |      |
| Forms provided by Tayas F  | thics Commission waw athics state type Version V// 1.0 d279  | ob o |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
|  | · · · · · · · · · · · · · · · · · · ·   |
| 1 Total pages Schedule F1:<br>Sch: 6/19 Rpt: 11/24   | 2 FILER NAME Houstonians for Working Families  3 Filer ID (Ethics Commission Filers) 00084205 |
| 4 Date   | 5 Payee name  |
| 03/04/2024   | Ancrum Luxury Chauffeur Service   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$1,550.00   | 235 Peachtree St Suite 414  |
|  |   |
| Expenditure from   | Atlanta, GA 30303   |
| corporate funds  | Atlanta, GA 30303   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description              |
| OF<br>EXPENDITURE  | Travel Out of District Check if travel outside of Texas. Complete Schedule T.                 |
|  | Check if Austin, TX, officeholder living expense  |
|  | Transportation  |
|  |   |
| 9 Complete ONLY if direct expenditure to benefit C/O                                       | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 03/04/2024   | Ancrum Luxury Chauffeur Service   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$180.00   | 235 Peachtree St Suite 414  |
| φ100.00  | 233 Federitiee St Suite 414   |
| Expenditure from   |   |
| corporate funds  | Atlanta, GA 30303   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description              |
| OF   | Travel Out of District  Check if travel outside of Texas. Complete Schedule T.                |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | Transportation  |
|  |   |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought Office held   |
| experialture to beliefit C/O   |   |
| Date   | Payee name  |
| 03/04/2024   | Ancrum Luxury Chauffeur Service   |
|  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$150.00   | 235 Peachtree St Suite 414  |
| Expenditure from   |   |
| corporate funds  | Atlanta, GA 30303   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description              |
| OF   | Travel Out of District  Check if travel outside of Texas. Complete Schedule T.                |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | Transportation  |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   |   |
| •  |   |
|  |   |
|  |   |
|  |   |

### SCHEDULE F1

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

| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment |   | Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor |   |                    |                  |                 |   | Travel Out of District<br>OTHER (enter a category not listed above) |              |     |   |             |                 |
|---|---|--|---|--------------------|------------------|-----------------|---|---|--------------|-----|---|-------------|-----------------|
|   |   | The Instruction Guide explains how to complete this form.                                    |   |                    |                  |                 |   |   |              |     |   |             |                 |
| 1   |   | es Schedule F1: 2 FILER NAM  |   |                    |                  |                 |   |   |              | 3   | Filer ID                                | (Ethics Com | mission Filers) |
|   | Sch: 7/19 Rpt: 12/24                                |  | Houstonians for Working Families 00084205 |                    |                  |                 |   |   |              |     |   |             |                 |
| 4   | Date  | 5  | Payee name                                |                    |                  |                 |   |   |              |     |   |             |                 |
|   | 03/04/2024  |  | Clowers, E                                | arl                |                  |                 |   |   |              |     |   |             |                 |
| 6   | Amount (\$)   | 7  | Payee addre                               | ss; City;          |                  | State; Zi       | ip Coc  | le  |              |     |   |             |                 |
|   | \$4,500.00  |  | 1401 Clebu                                | rne St             |                  |                 |   |   |              |     |   |             |                 |
| Г   | Expenditure from corporate funds                    |  | Houston, T.                               | x 77004            |                  |                 |   |   |              |     |   |             |                 |
| _   |   | (-)  |   |                    |                  |                 | - 1   | /I= \   |              |     |   |             |                 |
| 8   | PURPOSE<br>OF<br>EXPENDITURE                        | Check if AL  |   |                    |                  | Check if travel | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |   |              |     |   |             |                 |
| 9   | Complete ONLY if direct expenditure to benefit C/Oh |  | Candidate/Off                             | iceholder nar      | ne               | Offic           | e soug  | ht  |              |     | Office h                                | eld         |                 |
|   | Date  |  | Payee name                                |                    |                  |                 |   |   |              |     |   |             |                 |
|   | 03/06/2024  |  | Copeland,                                 | Crystal            |                  |                 |   |   |              |     |   |             |                 |
|   | Amount (\$)   | T  | Payee addre                               | ss; City;          |                  | State; Zi       | ip Cod  | le  |              |     |   |             |                 |
|   | \$2,500.00  |  | 1401 Clebu                                | rne St.            |                  |                 |   |   |              |     |   |             |                 |
|   | Expenditure from corporate funds                    |  | Houston, T                                | x 77004            |                  |                 |   |   |              |     |   |             |                 |
|   | PURPOSE   | (a)  | Category (S                               | ee Categories list | ed at the top of | f this schedule | e) (  | (b)   | Description  |     |   |             |                 |
|   | OF<br>EXPENDITURE                                   |  |   | ages/Contra        |                  |                 |   |   | <b>=</b>     |     | de of Texas. Con                        |             | Т.              |
|   |   |  |   |                    |                  |                 |   |   | Admin Suppo  |     | officeholder living                     | g expense   |                 |
|   |   |  |   |                    |                  |                 |   |   | Aumin Suppo  | JIL |   |             |                 |
|   | Complete ONLY if direct expenditure to benefit C/O  |  | Candidate/Off                             | iceholder nar      | ne               | Offic           | e soug  | jht   |              |     | Office h                                | eld         |                 |
|   | Date  |  | Payee name                                |                    |                  |                 |   |   |              |     |   |             |                 |
|   | 03/13/2024  |  | DoorDash                                  |                    |                  |                 |   |   |              |     |   |             |                 |
|   | Amount (\$)   | H  | Payee addre                               | ss; City;          |                  | State; Zi       | in Cod  | le  |              |     |   |             |                 |
|   | \$9.99  |  | 303 2nd St                                |                    |                  | 010110, 2       | .р ссс  |   |              |     |   |             |                 |
|   | *****   |  |   |                    |                  |                 |   |   |              |     |   |             |                 |
|   | Expenditure from corporate funds                    |  | San Franci                                | sco, CA 941        | .07              |                 |   |   |              |     |   |             |                 |
|   | PURPOSE<br>OF                                       | (a)  |   | ee Categories list | ed at the top of | f this schedule | e) (  | (b)   | Description  |     |   |             | _               |
|   | EXPENDITURE   |  | Fees                                      |                    |                  |                 |   |   | <u></u>      |     | de of Texas. Con<br>officeholder living |             | Г.              |
|   |   |  |   |                    |                  |                 |   |   | Monthly subs |     |   | 2 -NP01100  |                 |
|   |   |  |   |                    |                  |                 |   |   | •            |     |   |             |                 |
|   | Complete ONLY if direct                             |  | Candidate/Off                             | iceholder nar      | ne               | Offic           | e soug  | ht  |              |     | Office h                                | eld         |                 |
|   | expenditure to benefit C/O                          |  |   |                    |                  |                 | 3   |   |              |     |   |             |                 |
|   |   |  |   |                    |                  |                 |   |   |              |     |   |             |                 |

#### SCHEDULE F1

dvertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                               |
| Sch: 8/19 Rpt: 13/24   | Houstonians for Working Families  O0084205                                       |
| 4 Date   | 5 Payee name   |
| 04/15/2024   | DoorDash   |
| 6 Amount (\$)<br>\$9.99  | 7 Payee address; City; State; Zip Code<br>303 2nd St                             |
| Ψ0.00  | oso ena ot   |
| Expenditure from corporate funds   | San Francisco, CA 94107  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.                      |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense                                 |
|  | Monthly subscription   |
|  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held                            |
| Date   | Payee name   |
| 05/13/2024   | DoorDash   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$9.99   | 303 2nd St   |
| 40.00  |  |
| Expenditure from corporate funds   | San Francisco, CA 94107  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.                      |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense                                 |
|  | Monthly subscription   |
|  |  |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held                            |
| Date   | Payee name   |
| 06/13/2024   | DoorDash   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$9.99   | 303 2nd St   |
| Ф9.99  | 303 2Hu 3t   |
| Expenditure from corporate funds   | San Francisco, CA 94107  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.                      |
| EAFEINDITURE   | Check if Austin, TX, officeholder living expense                                 |
|  | Monthly subscription   |
|  |  |
| 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 C

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<br>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: 9/19 Rpt: 14/24  | Houstonians for Working Families 00084205   |
| 4 Date  | 5 Payee name  |
| 03/04/2024  | Elegant Events  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$1,071.75  | 2711 Kipling St,  |
| Expenditure from  | Houston, TX 77098   |
| corporate funds   |   |
| 8 PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.     |
| EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   | Election night event  |
|   |   |
| Complete ONLY if direct expenditure to benefit C/OI           | Candidate/Officeholder name Office sought Office held   |
| Date  | Payee name  |
| 04/05/2024  | Grace's   |
|   |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$111.95  | 3115 Kirby Drive  |
| Expenditure from corporate funds                              | Houston, TX 77098   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|   | Check if Austin, TX, officeholder living expense  Staff meal  |
|   | Stall meal  |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI |   |
|   |   |
| Date  | Payee name  |
| 02/29/2024  | Home2 Suites  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$412.21  | 6840 Almeda Rd  |
| Evpanditura from  |   |
| Expenditure from corporate funds                              | Houston, TX 77030   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense  |
| EAFEINDITURE  | Check if Austin, TX, officeholder living expense  |
|   | Accommodations for consultants  |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experience to belief 6/01                                     | •   |
|   |   |
|   |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<br>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: 10/19 Rpt: 15/24   | Houstonians for Working Families 00084205   |
| 4 Date  | 5 Payee name  |
| 04/05/2024  | Istorage  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$57.85   | 5503 Almeda Rd  |
|   |   |
| Expenditure from corporate funds                                | Houston, TX 77004   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | Check if Austin, TX, officeholder living expense  Storage unit  |
|   | Storage unit  |
| Complete CNII V if direct                                       | Candidate/Officeholder name Office cought Office hold   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   |   |
| Date  | Payee name  |
| 03/04/2024  | Jacobs, Wanda   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$2,500.00  | 8811 Spaulding  |
| — F   |   |
| Expenditure from corporate funds                                | Houston, TX 77016   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor   |
| EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   | Block walkers   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held   |
| experientare to benefit ever                                    |   |
| Date  | Payee name  |
| 04/08/2024  | Jerome Moore Campaign   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$5,000.00  | P.O. Box 841581   |
| - "   |   |
| Expenditure from corporate funds                                | Houston, TX 77284   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF  | Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.                                      |
| EXPENDITURE   | Candidate/Officeholder/Political Committee  |
|   | Donation  |
|   |   |
| 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 C

Event Expense 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 4. Total manage Calcadate 54   |   |
| 1 Total pages Schedule F1:   |   |
| Sch: 11/19 Rpt: 16/24  | Houstonians for Working Families 00084205   |
| 4 Date   | 5 Payee name  |
| 03/06/2024   | Katz's  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$98.99  | 616 Westheimer Rd.  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |
| Expenditure from   | Houston TV 77006  |
| corporate funds  | Houston, TX 77006   |
| 8 PURPOSE<br>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  Staff meal  |
|  | Star meta   |
| O Committee ONLY if allowed  | Our stide to 10 ff as had done as one   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate/Officeholder name Office sought Office held   |
|  |   |
| Date   | Payee name  |
| 03/04/2024   | Kelly, Annette  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$2,375.00   | 511 Reedwood  |
|  |   |
| Expenditure from   | Houston, TX 77489   |
| corporate funds  |   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
| EXPENDITURE  | Salaries/Wages/Contract Labor   |
|  | Phonebank   |
|  | T HONOSAIN  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | · ·   |
|  |   |
| Date   | Payee name  |
| 02/26/2024   | Kelly, Annette  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$825.00   | 511 Reedwood  |
|  |   |
| Expenditure from corporate funds   | Houston, TX 77489   |
|  |   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                  |
|  | Phonebank   |
|  |   |
| 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<br>Credit Card Payment        |  |   |
|---|--|---|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   | ) |
| Sch: 12/19 Rpt: 17/24   | Houstonians for Working Families 00084205  |   |
| 4 Date  | 5 Payee name   |   |
| 03/06/2024  | Lewis, Chandra   |   |
| 6 Amount (\$)<br>\$2,885.00                                   | 7 Payee address; City; State; Zip Code<br>13227 Magil Ct.  |   |
| Expenditure from corporate funds                              | Houston, TX 77044  |   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone Bank  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held  |   |
| Date  | Payee name   |   |
| 02/28/2024  | Lewis, Chandra   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$295.00  | 13227 Magil Ct.  |   |
| Expenditure from corporate funds                              | Houston, TX 77044  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone Bank |   |
| Complete ONLY if direct expenditure to benefit C/OF           | Candidate/Officeholder name Office sought Office held  |   |
| Date  | Payee name   |   |
| 02/26/2024  | Lewis, Chandra   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$1,980.00  | 13227 Magil Ct.  |   |
| Expenditure from corporate funds                              | Houston, TX 77044  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone Bank |   |
| Complete ONLY if direct expenditure to benefit C/OF           | Candidate/Officeholder name Office sought Office held  |   |
|   |  |   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee 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) Houstonians for Working Families Sch: 13/19 Rpt: 18/24 00084205 4 Date Payee name 03/04/2024 Malcolm Strategies 6 Amount (\$) Payee address; State; Zip Code \$1,500.00 2302 Shadow Canyon Ct Expenditure from Pearland, TX 77584 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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Data Consulting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Middleton, William Amount (\$) Payee address; City; State; Zip Code \$1,600.00 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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/08/2024 Office Depot Amount (\$) Payee address; City; State; Zip Code \$15.04 3443 Kirby Dr Expenditure from Houston, TX 77098 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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

| Candidate/Officeholder/Politica<br>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: 14/19 Rpt: 19/24   | Houstonians for Working Families 00084205   |
| 4 Date  | 5 Payee name  |
| 03/06/2024  | Office Depot  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$112.23  | 3443 Kirby Dr   |
|   |   |
| Expenditure from corporate funds                              | Houston, TX 77098   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | Check if Austin, TX, officeholder living expense  Supplies  |
|   | <u> </u>  |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                                   |   |
| Date  | Douge name  |
| 03/04/2024  | Payee name Southwest  |
|   |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$208.99  | 2702 Love Field Dr  |
| Expenditure from  |   |
| corporate funds   | Dallas, TX 75235  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense  |
| EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   | Airfare   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| ·   |   |
| Date  | Payee name  |
| 03/05/2024  | The Daniels Group LLC   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$9,000.00  | 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  | Consulting Expense  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                                   | ¬   |
|   |   |
|   |   |
|   |   |

### SCHEDULE F1

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

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

Travel in Dist Travel Out of OTHER (ente

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.                        |   |
|---|---|--|---|
| 1 | Total pages Schedule F1:                            | <u> </u>   | _ |
| - | Sch: 15/19 Rpt: 20/24                               | Houstonians for Working Families 00084205  |   |
| 4 | Date  | 5 Payee name   | _ |
| - | 06/12/2024  | The Daniels Group LLC  |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   | _ |
|   | \$40.00   | 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<br>EXPENDITURE                                   | Consulting Expense Check if travel outside of Texas. Complete Schedule T.        |   |
|   |   | Check if Austin, TX, officeholder living expense                                 |   |
|   |   | Consulting Fee   |   |
| _ |   |  | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held                            |   |
|   | experialitate to beliefit 6/01                      | <u>'</u>   |   |
|   | Date  | Payee name   | Τ |
|   | 06/28/2024  | Wells Fargo  |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   | _ |
|   | \$10.00   | P.O. Box 6995  |   |
|   | 7-2122  |  |   |
|   | Expenditure from corporate funds                    | Portland, OR 97228-6995  |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF<br>EXPENDITURE                                   | Fees Check if travel outside of Texas. Complete Schedule T.                      |   |
|   |   | Check if Austin, TX, officeholder living expense                                 |   |
|   |   | Transaction fee  |   |
|   | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2             |  | _ |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                            |   |
|   |   |  |   |
|   | Date  | Payee name   |   |
|   | 05/31/2024  | Wells Fargo  |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   | _ |
|   | \$10.00   | 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  | Fees Check if travel outside of Texas. Complete Schedule T.                      |   |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense                                 |   |
|   |   | Transaction fee  |   |
|   |   |  |   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held                            | _ |
|   | expenditure to benefit C/OF                         | 1  |   |
|   |   |  | _ |
|   |   |  |   |
| _ |   |  |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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 con                        | pplete this form.  |
|----------------------------------|--|--|
| 1 Total pages Schedule F1:       | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| Sch: 16/19 Rpt: 21/24            | Houstonians for Working Families                                 | 00084205   |
| 4 Date                           | 5 Payee name   | <u> </u>   |
| 04/30/2024                       | Wells Fargo  |  |
| 6 Amount (\$)                    | 7 Payee address; City; State; Zip Coo                            | le   |
| \$10.00                          | P.O. Box 6995  |  |
|                                  |  |  |
| Expenditure from corporate funds | Portland, OR 97228-6995  |  |
| 8 PURPOSE                        | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| OF<br>EXPENDITURE                | Fees   | Check if travel outside of Texas. Complete Schedule T.   |
| EXI ENDITORE                     |  | Check if Austin, TX, officeholder living expense  Transaction fee  |
|                                  |  | Hansaction lee   |
| 9 Complete ONLY if direct        | Candidate/Officeholder name Office soug                          | ht Office held   |
| expenditure to benefit C/Ol      |  | Till Office Held   |
| Date                             | D  |  |
| 04/03/2024                       | Payee name<br>Wells Fargo  |  |
|                                  |  |  |
| Amount (\$)                      | Payee address; City; State; Zip Coo<br>P.O. Box 6995             | e  |
| \$2.50                           | P.O. Box 6995  |  |
| Expenditure from                 | D. H. J. OD 07000 0005   |  |
| corporate funds                  | Portland, OR 97228-6995  |  |
| PURPOSE<br>OF                    | 5 ) (Cor canagement and top or and concerns)                     | (b) Description  |
| EXPENDITURE                      | Fees   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|                                  |  | Transaction fee  |
|                                  |  |  |
| Complete ONLY if direct          | Candidate/Officeholder name Office soug                          | ht Office held   |
| expenditure to benefit C/OI      | 4  |  |
| Date                             | Payee name   |  |
| 03/06/2024                       | Wells Fargo  |  |
| Amount (\$)                      | Payee address; City; State; Zip Coo                              | le   |
| \$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<br>EXPENDITURE                | Fees   | Check if travel outside of Texas. Complete Schedule T.   |
| LAFENDITORE                      |  | Check if Austin, TX, officeholder living expense   |
|                                  |  | Transaction fee  |
| Complete ONLY if direct          | Candidate/Officeholder name Office souc                          | ht Office held   |
| expenditure to benefit C/O       | <u> </u>   | The Office Held  |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |

### SCHEDULE F1

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

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

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 (Ethics Commission Filers)  |
| Sch: 17/19 Rpt: 22/24   | Houstonians for Working Families 00084205   |
| 4 Date  | 5 Payee name  |
| 02/26/2024  | Wells Fargo   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$1,500.00  | P.O. Box 6995   |
|   |   |
| Expenditure from corporate funds                              | Portland, OR 97228-6995   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |
| LXI LINDITORE   | Cash withdrawal Placewalker   |
|   | Cash withdrawal, Blockwalker  |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/Ol                                   |   |
| Date  |   |
| 04/03/2024  | Payee name Wells Fargo  |
|   | · · ·   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$363.50  | P.O. Box 6995   |
| Expenditure from  |   |
| corporate funds   | Portland, OR 97228-6995   |
| PURPOSE<br>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 |
|   | Cash withdrawal   |
|   |   |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O                                    | H   |
| Date  | Payee name  |
| 03/25/2024  | Wells Fargo   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$35.00   | 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  | Fees Categories listed at the top of this scheduley Check if travel outside of Texas. Complete Schedule T.    |
| EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   | Overdraft fee   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H   |
| - p - 1.12.12 12 20.10.11 0/01                                |   |
|   |   |
|   |   |

### SCHEDULE F1

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

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

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

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related 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 (Ethics Commission Filers)                               |
| Sch: 18/19 Rpt: 23/24   | Houstonians for Working Families 00084205  |
| 4 Date  | 5 Payee name   |
| 03/28/2024  | Wells Fargo  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| \$35.00   | P.O. Box 6995  |
|   |  |
| Expenditure from corporate funds                              | Portland, OR 97228-6995  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.                      |
|   | Check if Austin, TX, officeholder living expense  Overdraft fee                  |
|   | O VOI GITAIT TOO   |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held                            |
| expenditure to benefit C/O                                    |  |
|   |  |
| Date  | Payee name   |
| 04/18/2024  | Wells Fargo  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$35.00   | P.O. Box 6995  |
| Evpanditura from  |  |
| Expenditure from corporate funds                              | Portland, OR 97228-6995  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.                      |
|   | Check if Austin, TX, officeholder living expense  Overdraft fee                  |
|   | Overdruit rec  |
| Complete <u>ONLY</u> if direct                                | Candidate/Officeholder name Office sought Office held                            |
| expenditure to benefit C/O                                    |  |
|   |  |
| Date  | Payee name   |
| 06/14/2024  | Wells Fargo  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$35.00   | 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<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.                      |
| EXPENDITORE   | Check if Austin, TX, officeholder living expense                                 |
|   | Overdraft fee  |
|   |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                            |
| experialitie to beliefft C/OI                                 | 1  |
|   |  |
|   |  |
|   |  |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.  |  |
|--|--|
|  | ore)   |
| Houstonians for Working Families    Commission File   Commission F | 513)   |
| 5 Payee name   |  |
| Wells Fargo  |  |
| 7 Pavee address: City: State: 7in Code   |  |
|  |  |
| F.O. Box 0993  |  |
| Portland, OR 97228-6995  |  |
| (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |
| Fees Check if travel outside of Texas. Complete Schedule T.  |  |
| l  |  |
| Cash withdrawal, Blockwalker   |  |
|  |  |
| Candidate/Officeholder name Office sought Office held  |  |
|  |  |
| a  | Committee   Gift/Awards/Memorials Expense   Printing Expense   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above) |