

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00082403	<b>2</b> Total pages filed: 16
<b>3</b> COMMITTEE NAME The Black Women's PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/15/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 122072  Arlington, TX 76012	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Jean  NICKNAME LAST SUFFIX Coleman	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6912 River Park Lane N. #412  Fort Worth, TX 76116	
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6912 River Park Lane N. #412  Fort Worth, TX 76116	
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (682) 330-2092	
<b>9</b> REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED		Month Day Year      Month Day Year 01/01/2024      THROUGH      06/30/2024	
<b>11</b> ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> The Black Women's PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00082403
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 1,148.40
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 2,296.80
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 2,981.20
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 2,981.20
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 5,034.31
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Jean Coleman  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> The Black Women's PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00082403
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,296.80
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,981.20
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/11 Rpt: 4/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 01/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Victoria A <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions) none
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Victoria A <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 5/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 06/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Victoria A <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions) none
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Diane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78725	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Diane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78725	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Diane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78725	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Diane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78725	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 6/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 05/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78725	<b>7</b> Amount of Contribution (\$)  \$21.00
<b>8</b> Principal occupation / Job title (See Instructions) Therapist		<b>9</b> Employer (See Instructions) Self employed
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Diane <hr/> Contributor address; City; State; Zip Code  Austin, TX 78725	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igwe, Eric <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igwe, Eric <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igwe, Eric <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/11 Rpt: 7/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 04/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igwe, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		<b>9</b> Employer (See Instructions) Lockheed Martin
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igwe, Eric <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Igwe, Eric <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) F-35 FoM Block 4 Project Manager		Employer (See Instructions) Lockheed Martin
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masco, Raquel <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77807	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) Brazos Valley Center got Independent Living
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masco, Raquel <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77807	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) Brazos Valley Center got Independent Living

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 8/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 03/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masco, Raquel	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Bryan, TX 77807		
<b>8</b> Principal occupation / Job title (See Instructions) Nonprofit Management		<b>9</b> Employer (See Instructions) Brazos Valley Center got Independent Living
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masco, Raquel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Bryan, TX 77807		
Principal occupation / Job title (See Instructions) Nonprofit Management		Employer (See Instructions) Brazos Valley Center got Independent Living
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) North, Debrah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Desoto, TX 75115		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Debrah North
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 9/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 03/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Angela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75243	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Educational Diagnostician		<b>9</b> Employer (See Instructions) Irving ISD
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Angela <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Angela <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orr, Angela <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Irving ISD
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Vera <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/11 Rpt: 10/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 02/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Vera <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions) none
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Vera <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Vera <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Vera <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Vera <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76119	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/11 Rpt: 11/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Cheryl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76112	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Educator		<b>9</b> Employer (See Instructions) ILTEXAS
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Cheryl <hr/> Contributor address; City; State; Zip Code  Fort WOrth, TX 76112	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ILTEXAS
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Cheryl <hr/> Contributor address; City; State; Zip Code  Fort WOrth, TX 76112	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ILTEXAS
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Cheryl <hr/> Contributor address; City; State; Zip Code  Fort WOrth, TX 76112	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ILTEXAS
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Cheryl <hr/> Contributor address; City; State; Zip Code  Fort WOrth, TX 76112	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ILTEXAS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 12/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 06/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Cheryl	<b>7</b> Amount of Contribution (\$) \$20.20
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76112		
<b>8</b> Principal occupation / Job title (See Instructions) Educator		<b>9</b> Employer (See Instructions) ILTEXAS
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urbin, Salustra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Brentwood, CA 94513		
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urbin, Salustra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Brentwood, CA 94513		
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urbin, Salustra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Brentwood, CA 94513		
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urbin, Salustra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Brentwood, CA 94513		
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 13/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 05/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urbin, Salustra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brentwood, CA 94513	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) biomedical Scientist		<b>9</b> Employer (See Instructions) lawrence livermore lab
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urbin, Salustra <hr/> Contributor address; City; State; Zip Code  Brentwood, CA 94513	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) biomedical Scientist		Employer (See Instructions) lawrence livermore lab
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, Caroline <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, Caroline <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, Caroline <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 14/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> Date 04/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, Caroline	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009		
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Schlumberger
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, Caroline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Houston, TX 77009		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkinson, Caroline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Houston, TX 77009		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Schlumberger
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yvars, Jamie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Chesterton, IN 46304		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 15/16

2 FILER NAME  
The Black Women's PAC

3 Filer ID (Ethics Commission Filers)  
00082403

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 16/16
<b>2</b> FILER NAME The Black Women's PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00082403
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)