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) 00087094 3 COMMITTEE NAME **OFFICE USE ONLY** Every State Blue - Texas Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 237 Florida Avenue NW Date Hand-delivered or Date Postmarked Change of Address Washington, DC 20001 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jonathan NAME NICKNAME LAST **SUFFIX** Zucker STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 237 Florida Avenue NW STREET **ADDRESS** (Residence or Business) Washington, DC 20001 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 237 Florida Avenue NW MAILING **ADDRESS** Washington, DC 20001 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 656-5645 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Every State Blue - Te	exas		00087094	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hunter Albert State Represent	ative	
(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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	15,477.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	524.52
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	l		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		lonatha	n Zucker	
		Signature of Car		er
AFFIX NOTAI	RY STAMP / SEAL ABOVE		. 3	
Sworn to and subscrib	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	administering oath	Printed name of officer administering oath	Title of office	er administering oath

FORM GPAC ADDENDUM

Page 3 of 25

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S				00087094	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angela Brewer	State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Sunnorted	Carolyn Saltor	State Representa	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Carolyli Salter	State Represent	alive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Collin Johnson	State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
			-				

FORM GPAC ADDENDUM

Page 4 of 25

						1 ago 1 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S			00087094	
	COMMITTEE	1. Candidates	A. Supported	Daniel Lee State Representative	<u> </u>	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Daniel 200 Clate Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
	0014147777	applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	David Carstens State Represen	tative	
		applicable, classify by party.)				
	(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			
		3. Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dee Howard Mullins State Repr	esentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 5 of 25

						1 ago o o 2 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S			00087094	
	COMMITTEE	1. Candidates	A Supported	Datrial Dahurr State Depresent		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Detrick Deburr State Representa	auve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
	0011111777	applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Dev Merugumala State Represe	entative	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Doug Peterson State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 6 of 25

						1 ago o oi 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S			00087094	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ebony Turner State Representa	I ative	
	(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.)				
	COMMITTEE	1. Candidates	A. Supported	Fred Medina State Representat	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		·		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Hannah Bohm State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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FORM GPAC ADDENDUM

Page 7 of 25

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COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Every State Blue - Texa	S					00087094	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Kathy Cheng S	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed				
	2. Measures	Α. :	Supported				
	(Describe by date and location of election and nature of issue.)						
		В. (Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	Candidates	+	Supported	Vovin Coon, C	toto Donrocontoti		
ACTIVITY	(Identify by name or, if	Α	Supported	Kevili Geary 5	tate Representati	ve	
	applicable, classify by party.))					
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. \$	Supported				
		В. (Opposed				
	Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Linda Goolsbee	e State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed				
	2. Measures	Α. :	Supported				
	(Describe by date and location of election and nature of issue.)						
		В. (Opposed				
	Officeholders Assisted (Identify by name or, if)						
	applicable, classify by party.))					

FORM GPAC ADDENDUM

Page 8 of 25

						1 ago o o: 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S			00087094	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marlena Cooper State Represer	ntative	
	(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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Marty Rocha State Representat	ive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		mary Rooma State Representati		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Michelle Gwinn State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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FORM GPAC ADDENDUM

Page 9 of 25

							1 ago o o. 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S				00087094	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mike Midler	State Representativ	re	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	Δ Supported	Mimi Coffor	State Representativ	10	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Millii Colley	State Representativ	/e	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Noah Lopez	State Representativ	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM GPAC ADDENDUM

Page 10 of 25

							1 ago 10 01 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S				00087094	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sally Duval	State Representa	utive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A Supported	Sarah Smith	State Represent	ativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Saran Siniun	State Represent	auve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stacey Swar	n State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM GPAC ADDENDUM

Page 11 of 25

						1 ago 11 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Every State Blue - Texa	S			00087094	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephanie Morales State Repre	I sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Steven Schafersman State Rep	resentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Clare Contained and Clare Cop		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tiffany Drake State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		1 , , , , , , , , , , , , , , , , ,				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PORPOSE			Page 12 of 25
2 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Every State Blue - Tex	as		00087094
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Tony Adams State Represe	ntative
(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	
	3. Officeholders Assisted		
	(Identify by name or, if applicable, classify by party.)		

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			13 of 25
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Every Sta	ate Blue - Texas	00087094	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	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 ORGANIZATION	-)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 15,477.79
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 115.00
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/10 Rpt: 14/25	Every State Blue - Texas 00087094	
4 Date	5 Payee name	
08/08/2024	The Albert Hunter Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$566.51	PO BOX 291	
Expenditure from corporate funds	Meridian, TX 76665	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Donation	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/08/2024	The Angela Brewer Campaign	
Amount (\$) \$566.51		
Ф300.31	624 W. University Dr. #307	
Expenditure from corporate funds	Denton, TX 76201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Bondaon	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
08/08/2024	The Carolyn Salter Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$566.51	4195 Royall St.	
Expenditure from corporate funds	Palestine, TX 75801	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Dollation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 2/10 Rpt: 15/25	Every State Blue - Texas 00087094	
4 Date	5 Payee name	
08/08/2024	The Collin Johnson Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$566.51	105 Chestnut Ln.	
Evpanditure from		
Expenditure from corporate funds	Hickory Creek, TX 75065	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Donation	
O Complete CNII V if alive -t	Condidate/Officeholder name Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/08/2024	The Daniel Lee Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$566.51	1305 Prairie St STE 300	
Expenditure from corporate funds	Houston, TX 77002	
PURPOSE	1	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Donation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Dayaa nama	
08/08/2024	Payee name The David Carstens Campaign	
	· · ·	
Amount (\$)	Payee address; City; State; Zip Code	
\$566.51	2800 Shelton Way	
Expenditure from		
corporate funds	Plano, TX 75093	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EVDENDITURE	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/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 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 co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 3/10 Rpt: 16/25	Every State Blue - Texas	00087094	
4 Date	5 Payee name	<u> </u>	
08/08/2024	The Dee Howard Mullins Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$566.51	PO BOX 1169		
Expenditure from corporate funds	Huntsville, TX 77342		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	Donation	
		Donation	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held	
expenditure to benefit C/Ol		gnt Office field	
Date	Payee name		
08/08/2024	The Detrick Deburr Campaign		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$566.51	2900 Painted Lake Circle #305		
Expenditure from corporate funds	The Colony, TX 75056		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense	
		Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held	
experialiture to beliefit C/O	1		
Date	Payee name		
08/08/2024	The Dev Merugumala Campaign		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$566.51	2001 Scott St. Apt. 13		
Expenditure from corporate funds	La Marque, TX 77568		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Donation	
		Donauon	
Complete ONE VIII	Condidate/Officeholder	office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght Office held	
p = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

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: 4/10 Rpt: 17/25	Every State Blue - Texas	00087094
4 Date	5 Payee name	•
08/08/2024	The Doug Peterson Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
\$566.51	14917 El Camino Real Box #891193	
Expenditure from corporate funds	Houston, TX 77289	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Donation
		Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		ought Office field
Data		
Date	Payee name	
08/08/2024	The Ebony Turner Campaign	
Amount (\$)	Payee address; City; State; Zip (Code
\$541.51	P.O. Box 923	
Expenditure from		
corporate funds	Mansfield, TX 76063	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Donation
		Donation
Complete ONLY if direct	Candidate/Officeholder name Office s	
expenditure to benefit C/O		ough.
Date	Davida nama	
08/08/2024	Payee name The Fred Medina Campaign	
	· -	
Amount (\$)	Payee address; City; State; Zip (Code
\$566.51	216 N. Bryan Ave.	
Expenditure from		
corporate funds	Bryan, TX 77803	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Donation
Complete ONLY if direct	Candidate/Officeholder name Office so	
expenditure to benefit C/O		200

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 5/10 Rpt: 18/25	Every State Blue - Texas 00087094
4 Date	5 Payee name
08/08/2024	The Hannah Bohm Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$566.51	1005 Spanish Trail Dr.
Expenditure from corporate funds	Granbury, TX 76048
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	2 Silation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Davies same
Date	Payee name The Kethy Chang Campaign
08/08/2024	The Kathy Cheng Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$566.51	P.O. Box 27397
Expenditure from	
corporate funds	Houston, TX 77227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
08/08/2024	The Kevin Geary Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$466.51	16107 La Madera Rio
Expenditure from	
corporate funds	Helotes, TX 78023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Donation
Complete CAU V & dia+	Condidate/Officeholder name Office cought
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)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 6/10 Rpt: 19/25	Every State Blue - Texas 00087094	
4 Date	5 Payee name	
08/08/2024	The Linda Goolsbee Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$466.51	PO Box 5108	
Expenditure from corporate funds	Abilene, TX 79608	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense	
	Donation	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/08/2024	The Marlena Cooper Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$566.51	501 Noel Dr.	
Ψ300.31	SOT NOCEDI.	
Expenditure from corporate funds	Longview, TX 75602	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Bollation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
08/08/2024	The Marty Rocha Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$566.51	10222 Needville Fairchilds Rd.	
Ψ300.31	10222 Necaville i direttilas i da.	
Expenditure from corporate funds	Needville, TX 77461	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Donation	
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 Commi 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 7/10 Rpt: 20/25	Every State Blue - Texas 00087094	
4 Date	5 Payee name	
08/08/2024	The Michelle Gwinn Campaign	
6 Amount (\$) \$566.51	7 Payee address; City; State; Zip Code 6031 Hwy 6 N Ste. 165-283	
φ500.51	0031 Hwy 0 N Ste. 103-263	
Expenditure from corporate funds	Houston, TX 77084	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Donation	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	-	
Date	Payee name	
08/08/2024	The Mike Midler Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$566.51	1904 Hill Manor Dr.	
Expenditure from		
corporate funds	Conroe, TX 77304	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense	
	Donation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
08/08/2024	The Mimi Coffey Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$566.51	10742 White Settlement Road	
Expenditure from		
corporate funds	Fort Worth, TX 76108	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Donation	
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 Committe 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
CTUED (order a extractory not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 21/25	Every State Blue - Texas 00087094
4 Date	5 Payee name
08/08/2024	The Noah Lopez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$440.51	2304 35th St.
Expenditure from	
corporate funds	Lubbock, TX 79412
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to benefit C/Oi	
Date	Payee name
08/08/2024	The Sally Duval Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$566.51	6705 W. Highway 290 Suite 607 PMB #124
Expenditure from	
corporate funds	Austin, TX 78735
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/08/2024	The Sarah Smith (Write In) Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$566.51	16231 Charterstone Dr.
Expenditure from	
corporate funds	Houston, TX 77070
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 22/25	Every State Blue - Texas 00087094
4 Date	5 Payee name
08/08/2024	The Stacey Swann Campaign
6 Amount (\$) \$566.51	7 Payee address; City; State; Zip Code P.O. Box 1023
Expenditure from corporate funds	Lampasas, TX 76550
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/08/2024	The Stephanie Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$566.51	1919 Shadow Bend Dr.
Expenditure from corporate funds	Houston, TX 77043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/08/2024	The Steven Schafersman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$116.51	6202 Driftwood Dr.
Expenditure from	
corporate funds	Midland, TX 79707
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	Donation
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al 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	s)
Sch: 10/10 Rpt: 23/25	Every State Blue - Texas 00087094	
4 Date	5 Payee name	
08/08/2024	The Tiffany Drake Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$566.51	P.O. Box 3508	
Expenditure from corporate funds	Sherman, TX 75091	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Donation	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/08/2024	The Tony Adams Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$416.51	12022 Brownwood Dr.	
Ψ+10.51	12022 Blownwood Bl.	
Expenditure from		
corporate funds	Frisco, TX 75035	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Donation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE I

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/2 Rpt:	Every State Blue - Texas 00087094	
4 Date	5 Payee name	
07/26/2024	Amalgamated Bank	
6 Amount (\$)	7 Payee Address; City; State; Zip	
14.00	1825 K Street NW	
Expenditure from corporate funds	Washington, DC 20006	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Fees Bank Fee	
Date	Payee name	
08/29/2024	Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
14.00	1825 K Street NW	
Expenditure from		
corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Fees Bank Fee	
LA LIBITORE		
Date	Payee name	
09/26/2024	Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
14.00	1825 K Street NW	
Expenditure from		
corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Fees Bank Fee	
LAI LIIDII OAL		
Date	Payee name	
07/31/2024	Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
2.50	1825 K Street NW	
Expenditure from		
corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Fees Bank Fee	
EXPENDITURE		
	<u> </u>	

SCHEDULE I

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt:	Every State Blue - Texas	00087094
4 Date	5 Payee name	•
08/30/2024	Amalgamated Bank	
6 Amount (\$)	7 Payee Address; City; State; Zip	
	1825 K Street NW	
2.50 Expenditure from		
corporate funds	Washington, DC 20006	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)
OF EXPENDITURE	Fees Bank Fee	
LAI LIIDITORE		
Date	Payee name	
07/26/2024	Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
24.00	1825 K Street NW	
Expenditure from		
corporate funds	Washington, DC 20006	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	
OF EXPENDITURE	Fees Bank Fee	
Date	Payee name	
08/29/2024	Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
22.00	1825 K Street NW	
Expenditure from		
corporate funds	Washington, DC 20006	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description Fees Bank Fee	
EXPENDITURE	Fees Bank Fee	
Data	Davisa nama	
Date 09/26/2024	Payee name Amalgamated Bank	
Amount (\$)	Payee Address; City; State; Zip	
22.00	1825 K Street NW	
Expenditure from	Washington, DC 20006	
corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)
OF	Fees Bank Fee	
EXPENDITURE	Bunki ee	