

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082714	2 Total pages filed: 13	
3 COMMITTEE NAME Run Sister Run Political Action Committee			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 10/14/2024	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address			ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 66470 Houston, TX 77266	
5 CAMPAIGN TREASURER NAME			MS / MRS / MR FIRST MI Ms. Nicole M. NICKNAME LAST SUFFIX DeLoach	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 912 W. 26th St. Houston, TX 77008	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address			STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 66470 Houston, TX 77266	
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION (713) 899-6610	
9 REPORT TYPE			<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED			Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024	
11 ELECTION			ELECTION DATE Month Day Year 11/05/2024 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Run Sister Run Political Action Committee	13 Filer ID (Ethics Commission Filers) 00082714
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,810.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,954.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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. Nicole M. DeLoach

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**FORM GPAC**
COVER SHEET PG 3
3 of 13

17 COMMITTEE NAME Run Sister Run Political Action Committee		18 Filer ID (Ethics Commission Filers) 00082714
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,810.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE 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 type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 100.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 823.04
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/13
2 FILER NAME Run Sister Run Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082714
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Amber <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77288	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Tameika <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBS, TERRY <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Harris Health System
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBS, TERRY <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Harris Health System
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBS, TERRY <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Harris Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/13
2 FILER NAME Run Sister Run Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082714
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Richard <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Justice First Court of Appeals		9 Employer (See Instructions) State of Texas
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Erica <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Hughes Firm PLLC
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, JaPaula <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyles, Yonde <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Fatality Litigation		Employer (See Instructions) State Farm
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Blythe <hr/> Contributor address; City; State; Zip Code Bargersville, IN 46106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self/esthetician/LMT		Employer (See Instructions) Bargersville Wellness

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13
2 FILER NAME Run Sister Run Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082714
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMIREZ, Annette <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Aldine isd
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Tiffany <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Stylist		Employer (See Instructions) Mass
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wakins, Ivory <hr/> Contributor address; City; State; Zip Code Houston, TX 77083	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) CuVees culinary creations
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward Johnson, Charlene <hr/> Contributor address; City; State; Zip Code Houston, TX 77292	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) NRG

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/13	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date 09/23/2024	5 Payee name Fani Willis for DA	
6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1984 Howell Mill Rd #20479 Atlanta, GA 30325	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/6 Rpt: 8/13	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date 09/26/2024	5 Payee name ActBlue	
6 Amount (\$) 71.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer Street Somerville, MA 24101	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee
Date 07/11/2024	Payee name Adobe	
Amount (\$) 15.98 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website
Date 08/12/2024	Payee name Adobe	
Amount (\$) 15.98 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website
Date 09/11/2024	Payee name Adobe	
Amount (\$) 15.98 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/6 Rpt: 9/13	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date 09/17/2024	5 Payee name Kwik Kopy	
6 Amount (\$) 108.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4001 San Jacinto St. Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Printing
Date 09/18/2024	Payee name Lyft	
Amount (\$) 13.82 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event
Date 09/18/2024	Payee name Lyft	
Amount (\$) 29.92 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event
Date 09/20/2024	Payee name Lyft	
Amount (\$) 11.99 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/6 Rpt:	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date 09/20/2024	5 Payee name Lyft	
6 Amount (\$) 14.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event
Date 09/23/2024	Payee name Lyft	
Amount (\$) 14.99 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event
Date 09/23/2024	Payee name Lyft	
Amount (\$) 19.70 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event
Date 09/23/2024	Payee name Lyft	
Amount (\$) 21.23 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/6 Rpt:	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date 08/12/2024	5 Payee name The Progressive Forum	
6 Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2018 Vermont St. Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event
Date 08/02/2024	Payee name USPS	
Amount (\$) 171.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1319 Richmond Avenue Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage
Date 08/27/2024	Payee name USPS	
Amount (\$) 131.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1319 Richmond Avenue Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage
Date 07/22/2024	Payee name Wix.com	
Amount (\$) 31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/6 Rpt:	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date 07/23/2024	5 Payee name Wix.com	
6 Amount (\$) 5.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website
Date 08/21/2024	Payee name Wix.com	
Amount (\$) 31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website
Date 08/23/2024	Payee name Wix.com	
Amount (\$) 5.40 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website
Date 08/21/2024	Payee name Wix.com	
Amount (\$) 31.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/6 Rpt:	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date 07/08/2024	5 Payee name Zoom	
6 Amount (\$) 17.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 55 Almaden Boulevard 6th floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website
Date 08/08/2024	Payee name Zoom	
Amount (\$) 17.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Boulevard 6th floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website
Date 09/09/2024	Payee name Zoom	
Amount (\$) 17.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Boulevard 6th floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website