## 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 Filer 00084977	s)	2 Total pages filed: 10		
3 CON	MITTEE NAME					OFFICE U	SE ONI Y	
Blac	k Women of G	reater Houston PAC				Date Received		
						ELECTRONICA		
			01/12/2025					
	IMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE;	ZIP CODE	01,12,2020		
	RESS	3139 W. Holcombe Blvd.	,	STATE,				
		Ste, 420				Date Hand-delivered or I	Date Postmarked	
	Change of Address	HOUSTON, TX 77025				Receipt #	Amount	
		1003101, 17 11023					Amount	
						Date Processed		
						Date Imaged		
5 CAN	IPAIGN	MS / MRS / MR FIRST				МІ		
TRE NAM	ASURER 1E	Duni						
		NICKNAME LAST				SUFFIX		
		Hebron				30111X		
6 CAN	1PAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUIT	E#; CITY;	STAT	E; ZIP CODE	
TRE	ASURER	11823 Sea Shadow Bend			, - ,		,	
STR ADD	RESS							
(Resid	lence or Business)	Pearland, TX 77584						
7 CAN		STREET OR PO BOX;		APT / SU	ITE #; CITY	ST/	TE; ZIP CODE	
	ASURER LING	11823 Sea Shadow Bend						
ADD	RESS							
	Change of Address	Pearland, TX 77584						
	1PAIGN ASURER		EX	ENSION				
PHC		(281) 989-8876						
9 REP TYP		X January 15	Oth c	lay before election		Dissolution (Attach	PAC-DR)	
		8	th da	y before election	Г	10th day after cam	paign treasurer	
		July 15	unot	f		termination		
10 PER	lod /ered	Month Day Year			Month Day	Year		
		10/27/2024 Т	HRU	DUGH	12/31/2024	1		
11 ELE	CTION	ELECTION DATE		EI EI	CTION TYPE			
			Prim		Runoff	Other		
		11/05/2024	<b>~</b>					
			Gene		Special			
		I I						
		GO	то	PAGE 2				
l Forms p	provided by Tex	xas Ethics Commission www.e	thic	s.state.tx.us		Versio	1 V4.1.0.5dd2ace2	

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	r ID (Ethics Commission Filers)			
Black Women of Greate	r Houston PAC		000	84977
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Erica Lee Cart	er United House	of Representatives
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHE OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$ 0.00
	2. TOTAL POLITICA (OTHER THAN PLE	<b>L CONTRIBUTIONS</b> DGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$ 4,300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 13,759.44
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOA REPORTING PERIOD	NS AS OF THE	\$ 0.00
16 AFFIDAVIT				•
			ides all information	hat the accompanying report is required to be reported by me
			Duni Hebror	1
		Sigr	nature of Campaign	Treasurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said		, this the	day
		which, witness my hand and seal of offic		
Signature of officer ad	ministering oath	Printed name of officer administering oa	ath Title	e of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC

							Page 3 of 10
12 COMMITTEE NAME					<b>13</b> F	-iler ID	(Ethics Commission Filers)
Black Women of Greate	er Houston PAC					00084977	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Judge Taka	sha Francis	District Judg	je	
(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 applicable, classify by party.)						

# FORM GPAC COVER SHEET PG 3

4 of 10

17 COMMITTE	17 COMMITTEE NAME 18 Filer ID (E						
Black Wor	men of Greater Houston PAC	00084977					
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	<b>\$</b> 4,300.00				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 231.62				
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	<b>\$</b> 98.76				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

**SUBTOTALS - GPAC** 

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Black Women of Greater Houston PAC 00084977 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 11/06/2024 \$5,000.00 James, Argentina 6 Contributor address; City; State; Zip Code Houston, TX 77096 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO HillDay Public Relations

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		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)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/10	Black Women of Greater Houston PAC		00084977
4 Date	5 Payee name		
11/08/2024	Carter, Erica		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$3,300.00	4412 Almeda Road		
Expenditure from corporate funds	Houston, TX 77004		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense andidate
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Dffice sought	Office held
Date	Payee name		
11/08/2024	Francis, Takasha		
Amount (\$)	Payee address; City; State;	Zip Code	
\$1,000.00	P.O. Box 300166		
Expenditure from corporate funds	Houston, TX 77230		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense andidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Award:	erage Expense s/Memorials Expense	ES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	Reimbursement S ental Expense T T T	iolicitation/Fundraising I ransportation Equipmer ravel in District ravel Out of District THER (enter a categor	nt & Related E		
	The Inst	ruction Guide explains he	ow to complete	this form.				
1 Total pages Schedule F4:			3 Filer ID (Ethio	s Commiss	sion Filers)			
Sch: 1/3 Rpt: 7/10	Black Women of Gr	reater Houston PAC			00084977			
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED				
ISSUER	Wells Fargo B	ank - Waugh Dr		IDITURES GED TO A CREDIT	<b>\$</b> 			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	er Paid			
Expenditure from corporate funds	\$55.00	10/28/2024						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Cricket Wireless		3139 W.	Holcombe Blvd.				
				, TX 77025				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrij					
	Office Overhead/Rent	,	Telephor	le				
Political								
X Non-Political		of Texas. Complete Schedule 1		Check if Austin, TX	, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought		Office held			
	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	ar Paid			
Expenditure from			(0) Duic(3)					
corporate funds	\$55.00	12/30/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
			3139 W.	Holcombe Blvd.				
	Cricket Wireless							
			Houston,	, TX 77025				
PURPOSE OF	(a) Category		(b) Descri					
		(See Categories listed at the top of this schedule) Phone ex Office Overhead/Rental Expense			Phone expense			
Political		p						
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1		Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held			
expenditure to benefit C/OH					<u> </u>			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	er Paid			
corporate funds	\$21.32	12/20/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				ngier Ave., NE			·	
	Mailchimp			-				
			Atlanta, 0	GA 30308				
PURPOSE OF	(a) Category	of this coho (11)	(b) Descrip					
EXPENDITURE (See Categories listed at the top of this schedule)   Office Overhead/Rental Expense		Marketin	g					
Political								
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1		Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held			
expenditure to benefit C/OH								

**EXPENDITURES MADE BY CREDIT CARD** 

#### SCHEDULE F4

EXPENDITURE	ES MADE BY C	REDIT CAR	D	SCHEDULE F4
	EXPE	NDITURE CATEGOR	IES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expe Fees Food/Beve - Gift/Awards I Committee Legal Serv	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense Ti Polling Expense Ti Printing Expense Ti	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)
<b>1</b> Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 8/10		eater Houston PAC		00084977
				00084977
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
Expenditure from corporate funds	\$11.99	12/16/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			13777 Ballantyne Corpor	ate PI., Ste 500
	Sign Up Genius Inc			
			Charlotte, NC 28277	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)	Marketing	
Political	Fees			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin TX	, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
Expenditure from corporate funds	\$55.00	11/29/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			3139 W. Holcombe Blvd.	
	Cricket Wireless			
			Houston, TX 77025	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Telephone	
Political				
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
Expenditure from corporate funds	\$21.32	11/20/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			405 N. Angier Ave., NE	
	Mailchimp			
			Atlanta, GA 30308	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		Marketing	
Political	Office Overhead/Rent	ai Expense		
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin TX	, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held
expenditure to benefit C/OH			-	

EXPENDITURI	ES MADE BY (	CREDIT CAR	RD		SCHEDUL	e <b>F4</b>	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Exp. Fees Food/Beve y - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Fravel in District Fravel Out of Distri	ipment & Related E		
The Instruction Guide explains how to complete this form.   1 Total pages Schedule F4: 2 FILER NAME					(Ethics Commiss		
Sch: 3/3 Rpt: 9/10 4 CREDIT CARD ISSUER	Name of fina	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$11.99	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issu	er Paid			
7 PAYEE	EE (a) Payee name Sign Up Genius Inc.		(b) Payee address; 13777 Ballantyne Corpor Charlotte, NC 28277 (b) Description	13777 Ballantyne Corporate Pl., Ste 500 Charlotte, NC 28277			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren (c) Check if travel outside	,	Fees	Generalized for the second se Second second se Second second sec second second sec	g expense		
expenditure to benefit C/OH							

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 1 Total pages Schedule I: 2 FILER NAME 3 Filer ID Black Women of Greater Houston PAC Sch: 1/1 Rpt: 00084977 4 Date 5 Payee name 12/02/2024 **Club Express** Payee Address; 6 Amount (\$) 7 City; State; Zip 1051 Perimeter Drive, Suite 350 49.44 Expenditure from Schaumberg, IL 60173 corporate funds (a) Category (See instructions for examples of acceptable categories) 8 PURPOSE (b) Description (See instructions regarding type of information required.) OF Office Overhead/Rental Expense Website EXPENDITURE Date Payee name 11/01/2024 **Club Express** Payee Address; City; State; Zip Amount (\$) 1051 Perimeter Drive, Suite 350 49.32 Expenditure from corporate funds Schaumberg, IL 60173 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) OF Office Overhead/Rental Expense Website EXPENDITURE

SCHEDULE I