

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

| | | | |
|--|---|--|------------------------------|
| 1 Filer ID (Ethics Commission Filers) 00068568 | 2 Total pages filed: 20 | OFFICE USE ONLY | |
| 3 COMMITTEE NAME Black Austin Democrats Political Action Committee | Date Received ELECTRONICALLY FILED 01/14/2025 | | |
| 4 TREASURER NAME Rogers, Andrei K. (Mr.) | Date Hand-delivered or Date Postmarked | | |
| 5 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | Receipt # |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 10th day after campaign treasurer resignation | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Dissolution report | Amount |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Other (specify) _____ | Date Processed |
| 6 ORIGINAL PERIOD COVERED | Month Day Year 07/01/2024 | THROUGH | Month Day Year 12/31/2024 |
| Date Imaged | | | |

7 EXPLANATION OF CORRECTION
 The original report contained a clerical error with a duplicate expenditure. This was corrected and report was resubmitted.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Andrei K. Rogers

 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00068568 | 2 Total pages filed: 20 |
| 3 COMMITTEE NAME Black Austin Democrats Political Action Committee | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/14/2025 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 300142 Austin, TX 78703 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR FIRST MI Mr. Andrei K. | |
| | | NICKNAME LAST SUFFIX Rogers | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 118 Milestone Road Liberty Hill, TX 78642 | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 118 Milestone Road Liberty Hill, TX 78642 | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (512) 789-3609 | |
| 9 REPORT TYPE | | <input checked="" type="checkbox"/> January 15 <input 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 THROUGH Month Day Year 07/01/2024 12/31/2024 | |
| 11 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

| | |
|---|---|
| 12 COMMITTEE NAME Black Austin Democrats Political Action Committee | 13 Filer ID (Ethics Commission Filers) 00068568 |
|---|---|

| | | |
|---|--|--------------|
| 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) | \$ 1,641.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,806.20 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 17,206.57 |
| 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.

Mr. Andrei K. Rogers

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
4 of 20

| | | | |
|---|---|--------------------------------|----------------------------|
| 17 COMMITTEE NAME Black Austin Democrats Political Action Committee | | 18 Filer ID 00068568 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT | |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 1,641.00 |
| 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 | \$ | 5,806.20 |
| 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 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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/9 Rpt: 5/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 07/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos-Mcgehee, Audrey <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amos-Mcgehee, Audrey <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Alexandria <hr/> Contributor address; City; State; Zip Code Austin, TX 78721 | Amount of Contribution (\$) \$16.00 |
| Principal occupation / Job title (See Instructions) Health Entrepreneur | | Employer (See Instructions) Self-employed |
| Date 08/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78724 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) District Director | | Employer (See Instructions) City of Austin District 1 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/9 Rpt: 6/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 07/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana | 7 Amount of Contribution (\$) \$15.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78701 | |
| 8 Principal occupation / Job title (See Instructions) Chemical Engineer | | 9 Employer (See Instructions) Makel Engineering, Inc. |
| Date 08/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) Chemical Engineer | | Employer (See Instructions) Makel Engineering, Inc. |
| Date 09/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) Chemical Engineer | | Employer (See Instructions) Makel Engineering, Inc. |
| Date 10/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) Chemical Engineer | | Employer (See Instructions) Makel Engineering, Inc. |
| Date 11/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) Chemical Engineer | | Employer (See Instructions) Makel Engineering, Inc. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/9 Rpt: 7/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 12/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Susana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) Chemical Engineer | | 9 Employer (See Instructions) Makel Engineering, Inc. |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Gary <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins Kidenda, John <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78721 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) PowerGen |
| Date 08/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denkler, Ann <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Roxanne J <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Research Associate | | Employer (See Instructions) University of Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/9 Rpt: 8/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 08/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fashokun, Sade <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Insurance Agency Owner | | 9 Employer (See Instructions) Self-employed |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foots, LaCole <hr/> Contributor address; City; State; Zip Code Austin, TX 78754-5991 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Analyst | | Employer (See Instructions) Jodon Maclem |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Austin ISD |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzmán, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78758 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Policy Director | | Employer (See Instructions) GAVA |
| Date 08/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Kevin <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) Insurance Agent/Owner | | Employer (See Instructions) K Harris Insurance Agency |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/9 Rpt: 9/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 09/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Megan | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Washington, DC 20007 | | |
| 8 Principal occupation / Job title (See Instructions) Activist | | 9 Employer (See Instructions) Self |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Jr., Kevin M. | Amount of Contribution (\$) \$30.00 |
| Contributor address; City; State; Zip Code Austin, TX 78748 | | |
| Principal occupation / Job title (See Instructions) Educational Diagnostician | | Employer (See Instructions) Del Valle ISD |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78702 | | |
| Principal occupation / Job title (See Instructions) program coordinator | | Employer (See Instructions) City of Austin |
| Date 08/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78702 | | |
| Principal occupation / Job title (See Instructions) program coordinator | | Employer (See Instructions) City of Austin |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78702 | | |
| Principal occupation / Job title (See Instructions) program coordinator | | Employer (See Instructions) City of Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 10/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) program coordinator | | 9 Employer (See Instructions) City of Austin |
| Date 11/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) program coordinator | | Employer (See Instructions) City of Austin |
| Date 12/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karempudi, Sahiti <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) program coordinator | | Employer (See Instructions) City of Austin |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Pamela <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Avanade |
| Date 08/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, BRIDGETT <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 08/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Phelps, Steven <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Biologist | | 9 Employer (See Instructions) UT |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Amy <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 08/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Nekosi <hr/> Contributor address; City; State; Zip Code Leander, TX 78641 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) General Manager | | Employer (See Instructions) RestoPro |
| Date 08/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohueri, Justin <hr/> Contributor address; City; State; Zip Code Austin, TX 78744 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Travis County |
| Date 07/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Anita <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Knowledge Management | | Employer (See Instructions) BMC Software |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/9 Rpt: 12/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 09/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Misael <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) Business Analyst Manager | | 9 Employer (See Instructions) The GLO |
| Date 09/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Andrei <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Information Technology | | Employer (See Instructions) Blackbaud |
| Date 07/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78753 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Aide | | Employer (See Instructions) Travis County |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Brigid <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) County Commissioner | | Employer (See Instructions) Travis County |
| Date 12/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Kerry <hr/> Contributor address; City; State; Zip Code Leander, TX 78641 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/20 |
| 2 FILER NAME Black Austin Democrats Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 07/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell, Darius <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739-1589 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovo, Kathie <hr/> Contributor address; City; State; Zip Code Austin, TX 78705 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) City Council Member | | Employer (See Instructions) City of Austin |
| Date 08/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Chela <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-4614 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Executive Advisor | | Employer (See Instructions) Indeed |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Kennon <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Scott Douglass & McConnico LLP |
| Date 08/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Adrian <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Law enforcement | | Employer (See Instructions) Travis County |

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: 1/7 Rpt: 14/20 | 2 FILER NAME Black Austin Democrats Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 07/02/2024 | 5 Payee name Austin Very Own Saltt | |
| 6 Amount (\$) \$268.08 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2525 W Anderson Ln, Ste 130 Austin, TX 78757-1180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Semi-Annual PAC meeting. Food and beverage expense. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/29/2024 | Payee name Carroll, Angel (Ms.) | |
| Amount (\$) \$510.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 1504 Hutto, TX 78634 | |
| 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 Contribution to Democratic National Convention Travel expenses for BAD member. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/16/2024 | Payee name Diva B's Catering | |
| Amount (\$) \$693.75 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code Round Rock, TX 78664 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BAD Christmas/EOY Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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.

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| 1 Total pages Schedule F1: Sch: 2/7 Rpt: 15/20 | 2 FILER NAME Black Austin Democrats Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00068568 |
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| 4 Date 12/15/2024 | 5 Payee name Eastside Paddle Club |
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| 6 Amount (\$) \$249.26 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 979 Springdale Rd, Ste 115 Austin, TX 78702 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BAD Christmas/EOY Event space fee. |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 07/26/2024 | Payee name Eventbrite |
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| Amount (\$) \$9.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 651 Brannan St Ste 110 San Francisco, CA 94107 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event invitation fees. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/03/2024 | Payee name Huston Tillotson University |
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| Amount (\$) \$127.55 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 900 Chicon St Austin, TX 78702 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community Conversation at Huston Tillotson. Food and beverage expenses. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

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| 1 Total pages Schedule F1: Sch: 3/7 Rpt: 16/20 | 2 FILER NAME Black Austin Democrats Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00068568 |
| 4 Date 09/28/2024 | 5 Payee name Huston Tillotson University | |
| 6 Amount (\$) \$124.55 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 900 Chicon St Austin, TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense City of Austin Mayoral Debate at Huston Tillotson University. Food and beverage expenses |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/16/2024 | Payee name Pat Cook DJ Services | |
| Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code Round Rock, TX 78664 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BAD Christmas/EOY event. DJ Services. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/16/2024 | Payee name Sam Martin Photography LLC | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code Leander, TX 78641 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BAD Christmas/EOY event. Photographer expense. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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.

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| 1 Total pages Schedule F1: Sch: 4/7 Rpt: 17/20 | 2 FILER NAME Black Austin Democrats Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00068568 |
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| 4 Date 08/23/2024 | 5 Payee name Sam Martin Photography LLC |
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| 6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code Leander, TX 78641 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Meeting event. Photographer expense. |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 08/08/2024 | Payee name TaterQue |
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| Amount (\$) \$357.66 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1202 Fm 685, Ste B5 Pflugerville, TX 78660 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense August Membership Meeting Event. Food and Beverage expenses. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 07/27/2024 | Payee name Thompson MBA, NaCole (Mrs.) |
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| Amount (\$) \$261.11 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 1124 Cedar Park, TX 78630 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly BAD campaign meeting with executive board. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

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| 1 Total pages Schedule F1: Sch: 5/7 Rpt: 18/20 | 2 FILER NAME Black Austin Democrats Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00068568 |
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| 4 Date 08/14/2024 | 5 Payee name Thompson MBA, NaCole (Mrs.) |
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| 6 Amount (\$) \$613.83 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 1124 Cedar Park, TX 78630 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC T-shirt printing reimbursement. |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 08/26/2024 | Payee name Travis County Democratic Party |
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| Amount (\$) \$82.70 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense K. Harris Democratic event. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/16/2024 | Payee name Travis County Democratic Party |
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| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768 |
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| 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 Harris-Waltz Grass Roots Events donation. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

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| 1 Total pages Schedule F1: Sch: 6/7 Rpt: 19/20 | 2 FILER NAME Black Austin Democrats Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00068568 |
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| 4 Date 12/15/2024 | 5 Payee name Travis County Democratic Party |
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| 6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travis County Democrats Political Campaign event. |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 07/29/2024 | Payee name United States Postal Service |
|--------------------|--|

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| Amount (\$) \$216.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 10109 Lake Creek Pkwy Austin, TX 78729 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense United State postal service PO Box deposit and fees. |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 07/30/2024 | Payee name Williamson County Democratic Party |
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| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1915 S. Austin Avenue Georgetown, TX 78626 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Williamson County Democratic Dinner Event. |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

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| 1 Total pages Schedule F1: Sch: 7/7 Rpt: 20/20 | 2 FILER NAME Black Austin Democrats Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00068568 |
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| 4 Date 08/28/2024 | 5 Payee name Zoom US |
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| 6 Amount (\$) \$170.46 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 55 Almaden Blvd, Suite 600 San Jose, CA 95002 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom renewal subscription fee. |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 12/01/2024 | Payee name peerspace |
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| Amount (\$) \$622.25 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 548 Market St PMB 96966 San Francisco, TX 94104 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Black Austin Democrats Event space fee. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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