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) 00018745 3 COMMITTEE NAME **OFFICE USE ONLY** Baptist Ministers' Association of Houston & Vicinity PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 7817 Calhoun Rd. Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77033 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Max A. NAME NICKNAME LAST **SUFFIX** Miller Jr. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6934 Flamingo Dr. STREET **ADDRESS** (Residence or Business) Houston, TX 77087-6612 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7817 Calhoun Rd. MAILING **ADDRESS** Houston, TX 77033 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 504-0063 **PHONE** REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **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 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | : | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|------------------|----------------------------|
| Baptist Ministers' Association of Houston & Vicinity PAC | | | 00018745 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (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 M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 20,250.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 15,880.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 160.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | I | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code. | | |
| | | Dr. Max A | a. Miller Jr. | |
| | | Signature of Can | npaign Treasurei | ſ |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscri | bed before me, by the said _ | , th | is the | day |
| of | , 20, to certify | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of office | administering oath | Printed name of officer administering oath | Title of officer | administering oath |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 3 of 23 | | |
|--------------|-----------------------|---|--------------|----------------|--------------|--|--|
| 17 CO | MMITTE | EE NAME | 18 Filer ID | (Ethics Commis | sion Filers) | | |
| Bar | otist Mi | nisters' Association of Houston & Vicinity PAC | 00018745 | | ŕ | | |
| | 19 SCHEDULE SUBTOTALS | | | | | | |
| | ME OF | | SUBTOTA | L AMOUNT | | | |
| <u> </u> | 0. | | | | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 20,250.00 | | |
| | | | | <u> </u> | ., | | |
| ١ , | $\overline{}$ | COLIED HE AS: NON MONETARY (IN KIND) ROLLTICAL CONTRIBUTIONS | | | | | |
| 2. | Ш | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | |
| | | | | | | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | |
| - | | | | | | | |
| 4. | П | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION |)R | \$ | | | |
| | | ORGANIZATION | | ļ - | | | |
| _ | \Box | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA | ATION OR | | | | |
| 5. | Ш | LABOR ORGANIZATION | | \$ | | | |
| | | | | | | | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | | |
| | | | | | | | |
| 7. | П | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR | | \$ | | | |
| | ш | ORGANIZATION | | | | | |
| | | | | | | | |
| 8. | Ш | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | | |
| | | | | | | | |
| 9. | | SCHEDULE E: LOANS | | \$ | | | |
| | | | | | | | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 15,880.00 | | |
| 10. | | SCHEDGETT. TOETHCAL EXITENSITIONES TROWN SETTICAL CONTRIBUTION. | 5 |) a | 15,660.00 | | |
| | | | | | | | |
| 11. | Ш | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | |
| | | | | | | | |
| 12. | П | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | |
| | | | | ļ - | | | |
| 12 | \Box | COLIEDIUS EA. EVDENDITUDES MADE DV CDEDIT CARD | | | | | |
| 13. | Ш | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | |
| | | | | | | | |
| 14. | X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | 4,481.17 | | |
| | | | | - | | | |
| 15. | П | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | | |
| | | TO FILER | | | | | |
| | | | | | | | |
| l | | | | | | | |
| l | | | | | | | |
| l | | | | | | | |
| l | | | | | | | |
| l | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ı | | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUI | LE A1 |
|---|---|---|------------------------|-------|--|---|--------------------------------------|--------------|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/23 | | | |
| 2 | FILER NAME Baptist Minis | sters' Association of Houston | & Vicinity PAC | | | 3 | Filer ID (Ethics Commission 00018745 | on Filers) |
| 4 | Date 11/01/2024 | 5 Full name of contributor Caughey, Jennifer (Ms.) | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$1,500.00 |
| 8 | Principal occu | Houston, TX 77027 pation / Job title (See Instructions | .) | a | Employer (See Instructions | =) | | |
| | Attorney | pation / Job title (See Instituctions | ·) | _ | Jackson Waller LLP | •) | | |
| | Date 11/01/2024 | Full name of contributor Cloud, Carvana (Ms.) Contributor address; City; Si | | •••• |) | | Amount of Contribution (\$) | \$750.00 |
| | | I pation / Job title (See Instructions | 5) | | Employer (See Instructions | <u> </u> | | |
| | Judge | | | | Harris County | | | |
| | Date 10/29/2024 | Full name of contributor Faulkner, Velda (Ms.) Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$750.00 |
| | | Houston, TX 77042 pation / Job title (See Instructions | s) | | Employer (See Instructions | <u> </u> s) | | |
| | Attorney | | | | | | | |
| | Date 11/15/2024 | Full name of contributor Fight for Democracy Contributor address; City; S Houston, TX | | |) | | Amount of Contribution (\$) | \$7,500.00 |
| | Principal occu | pation / Job title (See Instructions | (5) | | Employer (See Instructions | 5) | | |
| | Date 10/31/2024 | Full name of contributor Gonzalez, Edward (Mr.) Contributor address; City; S Houston , TX 77270 | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Sheriff | pation / Job title (See Instructions | s) | | Employer (See Instructions Harris County | s) | | |
| | | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|----------------------------------|---|---|------------------------|--|-------------|--|-----------|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 5/23 | |
| 2 | FILER NAME Baptist Minis | sters' Association of Houston & | Vicinity PAC | | 3 | Filer ID (Ethics Commission 00018745 | n Filers) |
| 4 | Date 11/01/2024 | 5 Full name of contributor Hall, Ursula (Ms.) 6 Contributor address; City; State | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$750.00 |
| 8 | Principal occu | Houston, TX 77252 pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Judge | | | Harris County | | | |
| | Date 10/31/2024 | Full name of contributor King, Vivian (Ms.) Contributor address; City; Stat | |) | | Amount of Contribution (\$) | \$750.00 |
| | | Houston, TX 77004 | | | | | |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Harris County | 5) | | |
| | Date 10/31/2024 | Full name of contributor Palmer, Elaine (Ms.) Contributor address; City; Stat | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$750.00 |
| | | Houston, TX 77219 | | | | | |
| | Principal occu Judge | pation / Job title (See Instructions) | | Employer (See Instructions Harris County | 5) | | |
| | Date 10/29/2024 | Full name of contributor Perdue, Nicole (Ms.) Contributor address; City; State Houston, TX | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Harris County | <u> </u> | | |
| | Date 10/29/2024 | Full name of contributor Perdue, Nicole (Ms.) Contributor address; City; Stat | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Harris County | 5) | | |
| | | | , | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUI | E A1 |
|---|--|--|---|-----------------------------|--|------------|
| | The Instru | ction Guide explains how to complete this t | orm. | 1 | Total pages Schedule A1: Sch: 3/3 Rpt: 6/23 | |
| 2 | FILER NAME Baptist Minis | sters' Association of Houston & Vicinity PAC | | 3 | Filer ID (Ethics Commission 00018745 | on Filers) |
| 4 | Date 10/31/2024 5 Full name of contributor out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$2,000.00 | |
| 8 | Principal occu | Houston, TX 77284 pation / Job title (See Instructions) | 9 Employer (See Instructions | () | | |
| _ | Harris Count | | Harris County | | | |
| Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Ramsey, Tom (Mr.) Contributor address; City; State; Zip Code | | | | | Amount of Contribution (\$) | \$2,000.00 |
| | | Houston, TX 77255 | | Ĺ | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions Commissioner Harris County | | | 5) | | | |
| | Date 10/28/2024 | Full name of contributor out-of-state PAC (ID#:_ Teare, Sean (Mr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Houston , TX 77266 | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions Self | <u>)</u> | | |
| | Date 10/29/2024 | Full name of contributor out-of-state PAC (ID#:_ Thornton, Cheryl (Ms.) Contributor address; City; State; Zip Code Houston, TX 77001 | | | Amount of Contribution (\$) | \$750.00 |
| | Principal occu Judge | pation / Job title (See Instructions) | Employer (See Instructions Harris County |) | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officenolder/Politica | The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/16 Rpt: 7/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/05/2024 | Adams, Willie (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$300.00 | |
| | |
| Expenditure from corporate funds | Houston, TX |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Supervisor - Poll Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Supervisor - Poll |
| | Supervisor - Foil |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 11/01/2024 | Allen, Seuwana (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$315.00 | 10121 Windmill Lakes #1108 |
| | |
| Expenditure from corporate funds | Houston, TX 77075 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Phone Banking Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Phone Banking |
| 2 1 2 2 1 1 2 1 1 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit ever | |
| Date | Payee name |
| 11/05/2024 | BMA |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | |
| | |
| Expenditure from corporate funds | TX |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | GOTV (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | GOTV Ground, Radio, Communications, and one on |
| | one contact. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

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 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: 2/16 Rpt: 8/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/05/2024 | Bass, Lawana (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$120.00 | 5119 Denoran |
| - " | |
| Expenditure from corporate funds | Houston, TX 77048 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | Licotoff Foll Worker |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 11/05/2024 | Brown, Quashaudria (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 4822 E. Sam Houston Pkwy. North #209 |
| | |
| Expenditure from corporate funds | Houston, TX 77015 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | Licotoff Foll Worker |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 11/05/2024 | Carter, Lloyd (Mr.) |
| | |
| Amount (\$) | |
| \$120.00 | 6000 Telephone Road |
| Expenditure from corporate funds | Houston, TX 77087 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense |
| LAI LINDITURE | Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| Complete ONLY if direct | Candidate/Officebalder name Office accept |
| 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 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 the | nis form. |
|----------------------------------|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/16 Rpt: 9/23 | Baptist Ministers' Association of Houston & Vicinity PA | C 00018745 |
| 4 Date | 5 Payee name | · |
| 11/05/2024 | Cherry, Tammy (Ms.) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$120.00 | 6719 Richwood | |
| — Foresedit ve from | | |
| Expenditure from corporate funds | Houston, TX 77087 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Des | scription |
| OF EXPENDITURE | I Tolling Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | NOTION TO WORKER |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | | Office Hold |
| Date | Davies name | |
| 11/01/2024 | Payee name Cherry , Tammy (Ms.) | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$315.00 | 6719 Richmond | |
| Expenditure from | | |
| corporate funds | Houston, TX 77087 | |
| PURPOSE OF | | scription |
| EXPENDITURE | I Hone Banking | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | one Banking |
| | | 5 |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | - | |
| Date | Payee name | |
| 11/05/2024 | Edwards, Elizabeth (Ms.) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$120.00 | 14002 White Heather | |
| 4120.00 | 1 1002 Willia Floation | |
| Expenditure from corporate funds | Houston , TX 77045 | |
| PURPOSE | | scription |
| OF | | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | Ele | ection Poll Worker |
| | | |
| 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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Septices
Salaries/Magage/Contract Labor

| The Instruction Guide explains how to complete this form. |
|--|
| 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 5 Payee name |
| Flores, Phillip (Mr.) |
| 7 Payee address; City; State; Zip Code |
| 11602 Leitrim St. |
| |
| Houston, TX 77047 |
| (a) Category (See Categories listed at the top of this schedule) (b) Description |
| Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Election Day Worker |
| Licotoff Bay Worker |
| Candidate/Officeholder name Office sought Office held |
| H |
| T |
| Payee name |
| Griffin, Levell (Rev.) |
| Payee address; City; State; Zip Code |
| 4617 Edfield |
| |
| Houston, TX 77033 |
| (a) Category (See Categories listed at the top of this schedule) (b) Description |
| Phone Banking Check if travel outside of Texas. Complete Schedule T. |
| Check if Austin, TX, officeholder living expense |
| Phone Banking |
| |
| Candidate/Officeholder name Office sought Office held |
| |
| Payee name |
| Guillory, James (Mr.) |
| Payee address; City; State; Zip Code |
| 3517 Wilmington |
| |
| Houston, TX 77051 |
| (a) Category (See Categories listed at the top of this schedule) (b) Description |
| Polling Expense Check if travel outside of Texas. Complete Schedule T. |
| Check if Austin, TX, officeholder living expense |
| Election Poll Worker |
| |
| Candidate/Officeholder name Office sought Office held |
| |
| H |
| |
| |

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 Lenal 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
OTHER (onter a category pet listed above)

| Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|--|--|---|
| 1 Total pages Schedule F1: | <u> </u> | _ |
| Sch: 5/16 Rpt: 11/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 | |
| 4 Date | 5 Payee name | |
| 11/05/2024 | Hardin, Melvin (Mr.) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| \$120.00 | 10506 Sierra Drive | |
| | | |
| Expenditure from corporate funds | Houston, TX 77051 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Election Poll Worker | |
| | 2.00don i on Worker | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | | |
| | | _ |
| Date | Payee name | |
| 11/05/2024 | Johnson, Irene (Ms.) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$120.00 | 8020 Peachtree Street | |
| Expenditure from corporate funds | Houston, TX 77016 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF | Polling Expense Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Election Poll Worker | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| Date | Payee name | = |
| 11/05/2024 | Johnson, Regina (Ms.) | |
| Amount (\$) | Payee address; City; State; Zip Code | _ |
| \$120.00 | 8144 Comal | |
| Ψ120.00 | 0144 Comai | |
| Expenditure from corporate funds | Houston, TX 77051 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Polling Expense | |
| | Check if Austin, TX, officeholder living expense | |
| | Election Poll Worker | |
| 0 1. 6 | | _ |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| | | _ |
| | | |
| | | |

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

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

| Candidate/Officenolder/Politica | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/16 Rpt: 12/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/05/2024 | Jones, Garry (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$200.00 | |
| | |
| Expenditure from corporate funds | Houston, TX |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Supervisor - Poll Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Supervisor - Poll |
| | Supervisor 1 on |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 11/05/2024 | Jones, Tracy (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 9425 Scott Apt. #12 |
| — Formanditure from | |
| Expenditure from corporate funds | Houston, TX 77021 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense |
| EXPENDITORL | Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialities to benefit 6, 5, | <u> </u> |
| Date | Payee name |
| 11/05/2024 | LaFleur, Nelson (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$200.00 | |
| | |
| Expenditure from corporate funds | Houston, TX |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Supervisor - Poll Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Supervisor - Poll |
| | |
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | |
| Sch: 7/16 Rpt: 13/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/05/2024 | Mallet, Stephanie (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$120.00 | 5601 Royal Palms #143 |
| | |
| Expenditure from corporate funds | Houston, TX 77021 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 11/05/2024 | Martin, Freddie (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$200.00 | |
| — Forestitus from | |
| Expenditure from corporate funds | Houston, TX |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Supervisor - Poll |
| EXPENDITORL | Check if Austin, TX, officeholder living expense |
| | Supervisor - Poll |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit ever | |
| Date | Payee name |
| 11/05/2024 | McCoy, Jeanette (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 5851 Belcrest |
| | |
| Expenditure from corporate funds | Houston, TX 77033 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Candidate/Officeholder/Politica Credit Card Payment | | |
|---|---|--------|
| Credit Card r dyment | The Instruction Guide explains how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 8/16 Rpt: 14/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 | |
| 4 Date | 5 Payee name | |
| 11/05/2024 | McGee , James (Mr.) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$120.00 | 3514 Attucks Apt. 2 | |
| | | |
| Expenditure from corporate funds | Houston, TX 77004 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| | Election Worker. | |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | H . | |
| Date | Payee name | _ |
| 11/05/2024 | Miller , Faith (Miss) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$200.00 | | |
| Ψ200.00 | | |
| Expenditure from | | |
| corporate funds | TX | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Data Supervisor Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense | |
| | Data Supervisor | |
| | | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| | | |
| Date | Payee name | |
| 11/05/2024 | Miller , Miracle (Ms.) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$300.00 | | |
| | | |
| Expenditure from corporate funds | TX | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF | (a) Category (See Categories listed at the top of this schedule) Field Supervisor (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Field Supervisor | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | \neg |
| expenditure to benefit C/OI | | |
| | | _ |
| | | |
| | | |

SCHEDULE F1

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

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

| 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) | \dashv |
| Sch: 9/16 Rpt: 15/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 | |
| 4 Date | 5 Payee name | |
| 11/05/2024 | Miller, Rhonda (Ms.) | |
| 6 Amount (\$) \$400.00 | 7 Payee address; City; State; Zip Code | |
| Expenditure from corporate funds | TX | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Field Supervisor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field Supervisor | |
| | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | |
| 11/05/2024 | Minix, LaToya (Ms.) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$120.00 | 5601 Royal Palms #256 | |
| Expenditure from corporate funds | Houston, TX 77021 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Election Poll Worker | |
| | Election Poli Worker | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | |
| 11/05/2024 | Montgomery, Lee (Mr.) | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$120.00 | 4902 Denoron | |
| Expenditure from corporate funds | Houston, TX 77048 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Election Poll Worker | |
| | Licetion Followorker | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | | |
| | | \neg |
| | | |
| | | |

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ent Solicitation/Fundraising Expense
Fransportation Equipment & Related Expense
Fravel 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: 10/16 Rpt: 16/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/01/2024 | Nealy, Doris (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$315.00 | 12901 Crestwind Drive |
| Expenditure from corporate funds | Pearland, TX 77584 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Phone Banking (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Phone Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Phone Banking |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Para a sana |
| 11/05/2024 | Payee name Pierce, Dany (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 4902 Brinkley Street |
| | |
| Expenditure from corporate funds | Houston, TX 77033 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| Date 11/01/2024 | Payee name Pierce, Jacqueline (Ms.) |
| | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 4902 Brinkley |
| Ψ2,000.00 | 1662 Brilling |
| Expenditure from corporate funds | Houston, TX 77033 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Political Assistant - Phone Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Paperwork preparer. |
| | Assistant - Phone Banking. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| | |
| İ | |

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

| 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: 11/16 Rpt: 17/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/05/2024 | Porter, Oscar (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$120.00 | 542 Porter Ridge |
| | |
| Expenditure from corporate funds | Houston, TX 77053 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Election Poll Worker |
| | LIECTION FOIL WORKER |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office hold |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 11/01/2024 | Porter, Patricia (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$315.00 | 5118 Windemere |
| | |
| Expenditure from corporate funds | Houston, TX 77033 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Phone Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Phone Banking |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 11/05/2024 | Rose, Kenneth (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$300.00 | |
| Ψ300.00 | |
| Expenditure from | Houston TV |
| corporate funds | Houston, TX |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Supervisor - Poll Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Supervisor - Poll |
| | Supervisor 1 on |
| 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 C

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 | 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: 12/16 Rpt: 18/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/05/2024 | Scott, Darlene (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$120.00 | 5711 Lakefield |
| | |
| Expenditure from corporate funds | Houston , TX 77048 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Election Poll Worker |
| | Licetion Followers |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Data | |
| Date | Payee name |
| 11/05/2024 | Smith, Lakisha (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 9393 FM 1960 Bypass #117 |
| Expenditure from | |
| corporate funds | Humble , TX 77338 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitate to better civot | ' |
| Date | Payee name |
| 11/05/2024 | Smith, Vincent (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 4930 Kelso Street |
| | |
| Expenditure from corporate funds | Houston , TX 77021 |
| PURPOSE | 1 |
| OF | (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| 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 -

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/16 Rpt: 19/23 Baptist Ministers' Association of Houston & Vicinity PAC 00018745 4 Date Payee name 11/05/2024 Steber, Damon (Mr.) 6 Amount (\$) Payee address; State; Zip Code \$120.00 6969 South Loop East # 1005 Expenditure from Houston, TX 77087 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Polling Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Election Poll Worker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/05/2024 Swain, Gloria (Ms.) Amount (\$) Payee address; State; Zip Code City; \$120.00 12607 South Coast Drive Expenditure from Houston, TX 77047 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Polling Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Election Poll Worker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/05/2024 Walker, Albert (Mr.) Amount (\$) Payee address: City: State; Zip Code \$200.00 Expenditure from corporate funds Houston, TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Supervisor - Poll **EXPENDITURE** Check if Austin, TX, officeholder living expense Supervisor - Poll 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 con | nplete this form. |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 14/16 Rpt: 20/23 | Baptist Ministers' Association of Houston & Vicir | nity PAC 00018745 |
| 4 Date | 5 Payee name | <u>'</u> |
| 11/05/2024 | Walker , Lewis (Mr.) | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | de |
| \$120.00 | 4617 Edfield #5 | |
| | | |
| Expenditure from corporate funds | Houston, TX 77033 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Polling Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Election Poll Worker |
| | | Electron Cir Worker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht Office held |
| Date | Payee name | |
| 11/01/2024 | Wallace, Jacqueline (Ms.) | |
| Amount (\$) | Payee address; City; State; Zip Coc | de |
| \$315.00 | 4307 Mowery Road | |
| | | |
| Expenditure from corporate funds | Houston, TX 77047 | |
| PURPOSE OF | (| (b) Description |
| EXPENDITURE | Phone Banking | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Phone Banking |
| | | g |
| Complete ONLY if direct | Candidate/Officeholder name Office soug | tht Office held |
| expenditure to benefit C/OI | 1 | |
| Date | Payee name | |
| 11/01/2024 | White, Cynthia (Ms.) | |
| Amount (\$) | Payee address; City; State; Zip Coo | de |
| \$315.00 | 5027 Briscoe | |
| Ψ010.00 | 3021 Bh3000 | |
| Expenditure from corporate funds | Houston, TX 77033 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Phone Banking | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Phone Banking |
| | | . none banking |
| Complete ONLY if direct | Candidate/Officeholder name Office soug | tht Office held |
| expenditure to benefit C/OI | | The Chief Held |
| | | |
| | | |

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | |
| Sch: 15/16 Rpt: 21/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/05/2024 | Williams, Ashley (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$120.00 | 1730 Hilton Head Drive |
| - " | |
| Expenditure from corporate funds | Missouri City, TX 77459 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Para mana |
| 11/05/2024 | Payee name Wilson Winston (Mr.) |
| | Wilson, Winston (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 5601 Royal Palms |
| Expenditure from corporate funds | Houston, TX 77021 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense Check if travel outside of Texas. Complete Schedule T. |
| - | Check if Austin, TX, officeholder living expense Election Poll Worker |
| | Election Foll Worker |
| Complete ONLY if direct | Candidate/Office helds |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 11/05/2024 | Woodard, Lester (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$120.00 | 4637 Edfield |
| - Evnanditura from | |
| Expenditure from corporate funds | Houston, TX 77033 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Polling Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Election Poll Worker |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialiture to beliefit C/O | · · · · · · · · · · · · · · · · · · · |
| | |
| | |

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 Legal Services 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) |
| Sch: 16/16 Rpt: 22/23 | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 |
| 4 Date | 5 Payee name |
| 11/01/2024 | Wooten, Perry (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$3,000.00 | |
| , . , | |
| Expenditure from corporate funds | тх |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Director of Phone Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Director of Phone Banking |
| | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 11/01/2024 | Yancy, Beverly (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| | |
| \$315.00 | 1830 Hollyoak Drive |
| Evpanditura from | |
| Expenditure from corporate funds | Houston, TX 77084 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Phone Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Phone Banking |
| | |
| One and the ONII Wife disease | Outstide to 10 the should be grown as 10 the should |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| experiance to benefit 6/6 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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: 1/1 Rpt: | Baptist Ministers' Association of Houston & Vicinity PAC 00018745 | |
| 4 Date | 5 Payee name | |
| 11/06/2024 | Miller, Rhonda (Ms.) | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | |
| 188.16 | | |
| Expenditure from corporate funds | TX | |
| 8 PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | |
| OF EXPENDITURE | Food/Beverage Expense Election Day food. | |
| EXPENDITORE | | |
| Date | Payee name | |
| 11/06/2024 | Mt Hebron | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 3,850.00 | 7817 Calhoun Road | |
| Expenditure from | | |
| corporate funds | Houston, TX 77033 | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | |
| EXPENDITURE | Printing Expense Ink and toner for single 3500 color printing political sheets. | |
| | Silects. | |
| Date | Payee name | |
| 11/06/2024 | Mt Hebron | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 372.37 | 7817 Calhoun Road | |
| Expenditure from corporate funds | Houston, TX 77033 | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | |
| OF | Printing Expense Card Stock for Endorsement Cards. | |
| EXPENDITURE | | |
| | | |
| Date | Payee name | |
| 11/06/2024 | Pierce, Jacqueline (Ms.) | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 70.64 | 4902 Brinkley | |
| Expenditure from corporate funds | Houston, TX 77033 | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | |
| OF EXPENDITURE | Food/Beverage Expense Breakfast and lunch prior to election. | |
| | | |
| | | |
| | | |
| | | |
| i | | |