#### 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) 00082714 3 COMMITTEE NAME **OFFICE USE ONLY** Run Sister Run Political Action Committee Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P. O. Box 66470 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77266 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Nicole M. NAME NICKNAME LAST **SUFFIX** DeLoach STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 912 W. 26th St. STREET **ADDRESS** (Residence or Business) Houston, TX 77008 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO BOX 66470 MAILING **ADDRESS** Houston, TX 77266 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 899-6610 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** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ 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)
Run Sister Run Po	litical Action Committee		00082714	
14 COMMITTEE ACTIVITY	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 N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,145.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	24,076.95
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
		Ms. Nicole I	M. DeLoach	
		Signature of Can	npaign Treasur	er
AFFIX NOT	FARY STAMP / SEAL ABOVE			
		, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

#### **SUBTOTALS - GPAC**

### FORM GPAC COVER SHEET PG 3 3 of 12

	0.612				
17 COMMITT	EE NAME	18 Filer ID	(Ethic	s Commission Filers)	
Run Siste	er Run Political Action Committee	00082714			
	E SUBTOTALS SCHEDULE		,	SUBTOTAL AMOUNT	
1. X	\$	1,145.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$		
9. X	SCHEDULE E: LOANS		\$	0.00	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	0.00	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,122.50	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/12	
2	FILER NAME Run Sister R	eun Political Action Committee	)		3	Filer ID (Ethics Commission 00082714	n Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  12/03/2024 Baggett, Antrece  6 Contributor address; City; State; Zip Code  Pearland, TX 77584		7	Amount of Contribution (\$)	\$20.00		
8	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions     Not Employed	<u> </u> s)		
	Date 12/03/2024	Full name of contributor  Beard, Annette  Contributor address; City; S  Pearland, TX 77581	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Manager	pation / Job title (See Instructions	5)	Employer (See Instructions Smart Start	<u>l</u> 5)		
	Date 12/03/2024	Full name of contributor DELOACH, ALVIN Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu	Rosharon, TX 77583 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Not Employe	ed		Not Employed			
	Date 12/03/2024	Full name of contributor Davis, Samantha  Contributor address; City; S  HOUSTON, TX 77231	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions ention Judge	5)	Employer (See Instructions Harris County	<u>l</u> s)		
	Date 11/24/2024	Full name of contributor HOBBS, TERRY Contributor address; City; S Houston, TX 77047	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Supervisor	pation / Job title (See Instructions	5)	Employer (See Instructions Harris Health System	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/12	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Run Sister R	tun Political Action Committee	!			00082714	
4	Date 12/25/2024	<ul><li>5 Full name of contributor</li><li>HOBBS, TERRY</li><li>6 Contributor address; City; Si</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Houston, TX 77047	, , , , , , , , , , , , , , , , , , , ,				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Supervisor			Harris Health System			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	12/03/2024	Mitchell, Donna					\$20.00
		Contributor address; City; Si	ate: 7in Code		1		
		Continuator address, City, Si	ate, zip code				
		Katy, TX 77494					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	<u>I</u> s)		
	Business and		,	Houston Methodist hos		I	
	Date	Full name of contributor			<u> </u>	Amount of Contribution (\$)	
	12/03/2024	Palmer, Michelle	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
	12/03/2024						φ20.00
		Contributor address; City; Si	ate; Zip Code				
		Houston, TX 77063					
	Dringinal occu	pation / Job title (See Instructions	.)	Employer (See Instructions	s)		
	Teacher	pation / 300 title (See matractions	7)	Aldine ISD	3)		
		T		- Tidilic ISB	_		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/03/2024	Perdue, nicole					\$500.00
		Contributor address; City; Si	ate; Zip Code				
		11					
		Houston, TX 77056	`		Ĺ		
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	S)		
	Lawyer			Perdue and Kidd			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/11/2024	Ramirez, Erika					\$25.00
		Contributor address; City; Si	ate; Zip Code		1		
		Houston, TX 77008					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Judge			Harris County			

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDU	JLE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/12	
2	FILER NAME Run Sister F	Run Political Action Committee		3 Filer ID (Ethics Commiss 00082714	sion Filers)
4	Date 12/03/2024  Reynolds, Ronald  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$250.00	
8	Principal occu	Missouri City, TX 77459  spation / Job title (See Instructions)	Employer (See Instructions	ns)	
	State Repres		Civitas Engineering Gro		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$150.00
	Principal occu	Houston, TX 77002  upation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Judge		State of Texas		

PLE	OGED CONTRIBU	TIONS				SCHEDULE B	
T	he Instruction Guide exp	plains how to comp	lete this form.	1	Total pages Schedule B Sch: 1/1 Rpt: 7/12		
2 FILER N	AME er Run Political Action Comr	mittee		3		mmission Filers)	
TOTAL OF UNITEMIZED PLEDGES			+	\$	0.00		
5 Date	Date 6 Full name of pledgor out-of-state PAC (ID#:		#:	_) 8	Amount of 9 II	n-kind description	
	7 Pledgor Address;	City; State; Zip Coo	le		pledge (\$)	(If applicable)	
						Texas. Complete Schedule T.	
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	struction	ons)		

	LOANS					SCHED	OULE E
	The Instruction	on Guide explains how to c	omplete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 8/12		
2	PILER NAME Run Sister Run Political Action Committee			3 Filer ID 00082	(Ethics Commissi 2714	on Filers)	
4	TOTAL OF UNITEMIZED LOANS			<b>.</b>	\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (	\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructi	ons)	•	
14	Description of Coll None	ateral		15 Check if personal funds	were deposite	ed into political accou (See Instructio	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guara	nteed (\$)
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructi	ons)		

#### SCHEDULE |

	The Instruction Guide explains how to	complete thi	s form.
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 9/12	Run Sister Run Political Action Committee		00082714
4 Date	5 Payee name		-
12/31/2024	ActBlue		
6 Amount (\$)	7 Payee Address; City; State; Zip		
45.25	366 Summer Street		
Expenditure from corporate funds	Somerville, MA 24101		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Fee	
Date	Payee name		
11/12/2024	Adobe		
Amount (\$)	Payee Address; City; State; Zip		
15.98	345 Park Ave		
Expenditure from	0. 1 0. 0. 0.		
corporate funds	San Jose, CA 95110	·	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description Website	(See instructions regarding type of information required.)
EXPENDITURE	Advertising Expense	Website	
Date	Payee name		_
12/11/2024	Adobe		
Amount (\$)	Payee Address; City; State; Zip		
15.98	345 Park Ave		
Expenditure from			
corporate funds	San Jose, CA 95110		
	(a) Category (See instructions for examples of acceptable categories)	-	(See instructions regarding type of information required.)
corporate funds  PURPOSE		(b) Description Website	(See instructions regarding type of information required.)
corporate funds  PURPOSE  OF	(a) Category (See instructions for examples of acceptable categories)	-	(See instructions regarding type of information required.)
corporate funds  PURPOSE  OF	(a) Category (See instructions for examples of acceptable categories)	-	(See instructions regarding type of information required.)
corporate funds  PURPOSE  OF  EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	-	(See instructions regarding type of information required.)
corporate funds  PURPOSE  OF  EXPENDITURE  Date	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name	-	(See instructions regarding type of information required.)
Date 12/20/2024 Amount (\$)	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly	-	(See instructions regarding type of information required.)
Date 12/20/2024 Amount (\$)	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly Payee Address; City; State; Zip	-	(See instructions regarding type of information required.)
Date 12/20/2024 Amount (\$)	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly  Payee Address; City; State; Zip 548 Market Street #35410 San Francisco, CA 94104	Website	(See instructions regarding type of information required.)
Date 12/20/2024 Amount (\$)  Expenditure from corporate funds  PURPOSE  PURPOSE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly  Payee Address; City; State; Zip 548 Market Street #35410 San Francisco, CA 94104  (a) Category (See instructions for examples of acceptable categories)	Website  (b) Description	(See instructions regarding type of information required.)  (See instructions regarding type of information required.)
Date 12/20/2024 Amount (\$)  Expenditure from corporate funds	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly  Payee Address; City; State; Zip 548 Market Street #35410 San Francisco, CA 94104	Website	
Date 12/20/2024 Amount (\$)  Expenditure from corporate funds  PURPOSE  0F  Expenditure from corporate funds  PURPOSE  OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly  Payee Address; City; State; Zip 548 Market Street #35410 San Francisco, CA 94104  (a) Category (See instructions for examples of acceptable categories)	Website  (b) Description	
Date 12/20/2024 Amount (\$)  Expenditure from corporate funds  PURPOSE  0F  Expenditure from corporate funds  PURPOSE  OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly  Payee Address; City; State; Zip 548 Market Street #35410 San Francisco, CA 94104  (a) Category (See instructions for examples of acceptable categories)	Website  (b) Description	
Date 12/20/2024 Amount (\$)  Expenditure from corporate funds  PURPOSE  0F  Expenditure from corporate funds  PURPOSE  OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly  Payee Address; City; State; Zip 548 Market Street #35410 San Francisco, CA 94104  (a) Category (See instructions for examples of acceptable categories)	Website  (b) Description	
Date 12/20/2024 Amount (\$)  Expenditure from corporate funds  PURPOSE  0F  Expenditure from corporate funds  PURPOSE  OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense  Payee name Grammarly  Payee Address; City; State; Zip 548 Market Street #35410 San Francisco, CA 94104  (a) Category (See instructions for examples of acceptable categories)	Website  (b) Description	

#### SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.
Total pages Schedule I:     Sch: 2/4 Rpt:	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4 Date	5 Payee name	00002114
10/28/2024	Lyft	
6 Amount (\$)	7 Payee Address; City; State; Zip	
10.99	2525 West Loop S	
Expenditure from corporate funds	Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b)  Event Expense	Description (See instructions regarding type of information required.)  Event
Date	Payee name	
10/30/2024	Lyft	
Amount (\$)	Payee Address; City; State; Zip	
16.77	2525 West Loop S	
Expenditure from corporate funds	Houston, TX 77027	
PURPOSE		Description (See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense	Event
Date	Payee name	
12/27/2024	Ronin 2	
Amount (\$)	Payee Address; City; State; Zip	
775.00	1315 Sterrett St.	
Expenditure from		
corporate funds	Houston, TX 77002	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Event Expense	
EXPENDITURE	Event Expense	Event
Date	Payee name	
12/12/2024	USPS	
Amount (\$)	Payee Address; City; State; Zip	
31.05	1319 Richmond Avenue	
Expenditure from		
corporate funds	Houston, TX 77266	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Office Overhead/Rental Expense	·
EXPENDITURE	Office Overhead/Nerital Expense	Postage
	<u> </u>	

#### SCHEDULE I

	The Instruction Guide explains how to	complete this	s form.
Total pages Schedule I:     Sch: 3/4 Rpt:	FILER NAME     Run Sister Run Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082714
4 Date 12/18/2024	5 Payee name USPS		
6 Amount (\$)	7 Payee Address; City; State; Zip		
43.80	1319 Richmond Avenue		
Expenditure from corporate funds	Houston, TX 77266		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description Postage	(See instructions regarding type of information required.)
Date	Payee name		
11/21/2024	Wix.com		
Amount (\$)  31.39  Expenditure from corporate funds	Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description Website	(See instructions regarding type of information required.)
Date	Payee name		
11/25/2024	Wix.com		
Amount (\$)  5.40  Expenditure from corporate funds	Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description Website	(See instructions regarding type of information required.)
Date 12/23/2024	Payee name Wix.com		
Amount (\$)  5.40  Expenditure from corporate funds	Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description Website	(See instructions regarding type of information required.)

#### SCHEDULE I

	The Instruction Guide explains how to	complete thi	is form.	
1 Total pages Schedule I: Sch: 4/4 Rpt:	FILER NAME     Run Sister Run Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082714	
4 Date 12/24/2024	5 Payee name Wix.com			
6 Amount (\$)  31.39  Expenditure from corporate funds	7 Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description Website	(See instructions regarding type of information required.)	
Date 11/08/2024	Payee name Zoom			
Amount (\$)  17.05  Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Boulevard 6th floor San Jose, CA 95113  (a) Category (See instructions for examples of acceptable categories)	(h) Description	(See instructions regarding type of information required.)	
PURPOSE OF EXPENDITURE	Advertising Expense	Website	(See Illuminations regarding type of information required.)	
Date 12/09/2024	Payee name Zoom			
Amount (\$)  17.05  Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Boulevard 6th floor San Jose, CA 95113			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description Website	(See instructions regarding type of information required.)	