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** 07/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P. O. Box 66470 Date Hand-delivered or Date Postmarked 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 **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 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/24/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/04/2025 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 Politi	cal 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		
	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)	\$	1,385.00
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 \$	20,578.45
OUTSTANDING LOAN TOTALS	· · · · · · · · · · · · · · · · · · ·	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			'	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Nicole	M. DeLoach	
		Signature of Car	npaign Treasur	rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath
Signature of officer	administering batti	Times have or officer daministering odding	THE OF OHIO	or administering outil

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 18

			3 01 18
EE NAME	18 Filer ID	(Ethics Comm	ission Filers)
r Run Political Action Committee	00082714		
		SUBTOT	AL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,385.00
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$	
SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
SCHEDULE E: LOANS		\$	0.00
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	1,615.29
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETAIL POLITICAL ACTION COMMITTEE BY SUBTOTALS SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	TRUN POLITICAL ACTION COMMITTEE E SUBTOTALS SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS SCHEDULE C2: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS RETURNED

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this forr	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/18	
2	FILER NAME Run Sister R	tun Political Action Committee			3	Filer ID (Ethics Commission 00082714	n Filers)
4	Date 05/21/2025	 Full name of contributor out-of-state F Bates Campaign, Lucia Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$45.00
8	Principal occu	Houston, TX 77049 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Justice of the	e Peace		Harris County			
	Date 06/06/2025	Full name of contributor out-of-state F Briones, Lesley Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$350.00
		Houston, TX 77008					
		pation / Job title (See Instructions)		Employer (See Instructions			
	County Com			Harris County Precinct	+		
	Date 06/07/2025	Full name of contributor out-of-state F Curvey Banieh, Damiane Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$400.00
		Houston, TX 77070					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
	Date 05/05/2025	Full name of contributor out-of-state F Edwards, Amanda Contributor address; City; State; Zip Code Houston, TX 77288	-			Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions) paign Committee		Employer (See Instructions C00843227)		
	Date 04/25/2025	Full name of contributor out-of-state FHOBBS, TERRY Contributor address; City; State; Zip Code Houston, TX 77047	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Supervisor	pation / Job title (See Instructions)		Employer (See Instructions Harris Health System	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/18	
2	FILER NAME Run Sister R	Run Political Action Committee		3	Filer ID (Ethics Commission 00082714	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) HOBBS, TERRY 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00	
	Dringing	Houston, TX 77047	O Franksian (Cook Instructions			
8	Supervisor	pation / Job title (See Instructions)	9 Employer (See Instructions Harris Health System	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ HOBBS, TERRY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Houston, TX 77047		Ĺ		
	Supervisor	ipation / Job title (See Instructions)	Employer (See Instructions Harris Health System	S)		
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_ Unger, Hilary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
	Principal occu	Houston, TX 77079 spation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	Judge	pation 7 oos tille (eee metadolons)	Texas	-,		

PLE	OGED CONTRIBU	TIONS				SCHEDULE B
T	he Instruction Guide ex	plains how to com	plete this form.		otal pages Sch	
	FILER NAME Run Sister Run Political Action Committee		litical Astion Committee		3 Filer ID (Ethics Commission Filers) 00082714	
<u></u>	OF UNITEMIZED PLEDO			\$		
5 Date	6 Full name of pledgor	out-of-state PAC	(ID#:		nount of	9 In-kind description
	7 Pledgor Address;	City; State; Zip C	ode		edge (\$)	(If applicable)
					theck if travel or	utside of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	structions)		

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to cor	nplete this f	orm.		l pages Schedule E: : 1/1 Rpt: 7/18
2	FILER NAME Run Sister Run I	Political Action Committee				ID (Ethics Commission Filers) 82714
4	TOTAL OF UN	IITEMIZED LOANS			 	\$ 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 Ins	tructions)	•
14	Description of Coll	ateral		15 Check if personal f	unds were depos	ited into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Ins	tructions)	

The Instruction Guide explains how to complete this form.				
	The instruction Guide explains now to complete this for	····		
1 Total pages Schedule I:	1	Filer ID (Ethics Commission Filers)		
Sch: 1/11 Rpt:	Run Sister Run Political Action Committee	00082714		
4 Date	5 Payee name			
06/30/2025	ActBlue			
6 Amount (\$)	7 Payee Address; City; State; Zip			
54.73	366 Summer Street			
Expenditure from	Somonyillo MA 24101			
corporate funds	Somerville, MA 24101 (a) Category (See instructions for examples of acceptable categories) (b) Description (See in	nstructions regarding type of information required.)		
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See in Fees)	istructions regarding type of information required.)		
EXPENDITURE				
Date	Payee name			
05/02/2025	Adobe			
Amount (\$)	Payee Address; City; State; Zip			
21.64	345 Park Ave			
Expenditure from				
corporate funds	San Jose, CA 95110			
PURPOSE OF	[(, 2000) pilot	nstructions regarding type of information required.)		
EXPENDITURE	Advertising Expense Website			
Date	Payee name			
05/12/2025	Adobe			
Amount (\$)	Payee Address; City; State; Zip			
	345 Park Ave			
15.98				
Expenditure from corporate funds	San Jose, CA 95110			
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See in	nstructions regarding type of information required.)		
OF EXPENDITURE	Advertising Expense Website			
Date	Payee name			
06/02/2025	Adobe			
Amount (\$)	Payee Address; City; State; Zip			
21.64	345 Park Ave			
Expenditure from corporate funds	San Jose, CA 95110			
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See in	nstructions regarding type of information required.)		
OF EXPENDITURE	Advertising Expense Website			
LAFLINDITORL				

	The Instruction Guide explains how to c	complete thi	s form.
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/11 Rpt:	Run Sister Run Political Action Committee		00082714
4 Date	5 Payee name		•
06/11/2025	Adobe		
6 Amount (\$)	7 Payee Address; City; State; Zip		
15.98	345 Park Ave		
Expenditure from corporate funds	San Jose, CA 95110		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	b) Description	(See instructions regarding type of information required.)
OF EXPENDITURE	Advertising Expense	Website	
Date	Payee name		
05/02/2025	Belle of Baton Rouge		
Amount (\$)	Payee Address; City; State; Zip		
	103 France St.		
187.91	1001.4		
Expenditure from corporate funds	Baton Rouge, LA 70802		
PURPOSE		(b) Description	(See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense	Event	
Date	Payee name		
05/06/2025	Campaign Verify		
Amount (\$)	Payee Address; City; State; Zip		
99.00	1215 31st Street NW		
Expenditure from			
corporate funds	Washington, DC 20007		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)		(See instructions regarding type of information required.)
EXPENDITURE	Advertising Expense	Website	
Date	Payee name		
06/20/2025	Grammarly		
Amount (\$)	Payee Address; City; State; Zip		
60.00	548 Market Street		
00.00	1		
Expenditure from	#35410		
Expenditure from corporate funds	San Francisco, CA 94104		
corporate funds PURPOSE	San Francisco, CA 94104 (a) Category (See instructions for examples of acceptable categories) (the same part of the same par	•	(See instructions regarding type of information required.)
corporate funds	San Francisco, CA 94104	(b) Description Website	(See instructions regarding type of information required.)
corporate funds PURPOSE OF	San Francisco, CA 94104 (a) Category (See instructions for examples of acceptable categories) (the same part of the same par	•	(See instructions regarding type of information required.)
corporate funds PURPOSE OF	San Francisco, CA 94104 (a) Category (See instructions for examples of acceptable categories) (the same part of the same par	•	(See instructions regarding type of information required.)
corporate funds PURPOSE OF	San Francisco, CA 94104 (a) Category (See instructions for examples of acceptable categories) (the same part of the same par	•	(See instructions regarding type of information required.)
corporate funds PURPOSE OF	San Francisco, CA 94104 (a) Category (See instructions for examples of acceptable categories) (the same part of the same par	•	(See instructions regarding type of information required.)

	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: 3/11 Rpt:	Run Sister Run Political Action Committee		00082714
4 Date	5 Payee name		
04/25/2025	Kwik Kopy		
6 Amount (\$)	7 Payee Address; City; State; Zip		
182.94	4001 San Jacinto St.		
Expenditure from corporate funds	Houston, TX 77004		
8 PURPOSE		(b) Description	(See instructions regarding type of information required.)
OF EXPENDITURE	Printing Expense	Printing	
Date	Payee name		
05/07/2025	Lyft		
Amount (\$)	Payee Address; City; State; Zip		
	2525 West Loop S		
21.99	2020 West Loop 5		
Expenditure from corporate funds	Houston, TX 77027		
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense	Event	
EXPENDITURE			
Date	Payee name		
05/08/2025	Lyft		
Amount (\$)	Payee Address; City; State; Zip		
4.97	2525 West Loop S		
Expenditure from	Houston TV 77027		
corporate funds	Houston, TX 77027	(h) p	(Con instructions regarding type of information required.)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description Event	(See instructions regarding type of information required.)
EXPENDITURE		Lvein	
Date	Payee name		
05/08/2025	Lyft		
Amount (\$)	Payee Address; City; State; Zip		
19.88	2525 West Loop S		
Expenditure from			
corporate funds	Houston, TX 77027		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•	(See instructions regarding type of information required.)
EXPENDITURE	Event Expense	Event	
			l

	The Instruction Guide explains how to complete this form.
Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt:	Run Sister Run Political Action Committee 00082714
4 Date	5 Payee name
05/08/2025	Lyft
6 Amount (\$)	7 Payee Address; City; State; Zip
23.61	2525 West Loop S
Expenditure from corporate funds	Houston, TX 77027
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense Event
	
Date	Payee name
05/08/2025	
	Lyft City City City 7
Amount (\$)	Payee Address; City; State; Zip
24.02	2525 West Loop S
Expenditure from	Houston, TX 77027
corporate funds	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Event Expense
EXPENDITURE	Event Expense
Date	Payee name
05/15/2025	Lyft
Amount (\$)	Payee Address; City; State; Zip
23.50	2525 West Loop S
Expenditure from	
corporate funds	Houston, TX 77027
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Event Expense Event
Date	Payee name
05/15/2025	Lyft
Amount (\$)	Payee Address; City; State; Zip
28.74	2525 West Loop S
Expenditure from	
corporate funds	Houston, TX 77027
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Event Expense Event

The Instruction Guide explains how to complete this form.				
	•			
Total pages Schedule I: Sch: 5/11 Rpt:	2 FILER NAME Run Sister Run Political Action Committee 3 Filer ID (Ethics Commission Filers) 00082714			
4 Date	5 Payee name			
05/22/2025	Lyft			
6 Amount (\$)	7 Payee Address; City; State; Zip			
19.67	2525 West Loop S			
Expenditure from corporate funds	Houston, TX 77027			
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
EXPENDITURE	Event Expense Event			
Date	Payee name			
05/22/2025	Lyft			
Amount (\$)	Payee Address; City; State; Zip			
24.65	2525 West Loop S			
Expenditure from				
corporate funds	Houston, TX 77027			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Event Expense			
EXPENDITURE	Event Expense Event			
Date	Payee name			
05/22/2025	Lyft			
Amount (\$)	Payee Address; City; State; Zip			
28.79	2525 West Loop S			
Expenditure from	Houston TV 77007			
corporate funds	Houston, TX 77027			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Event Expense			
EXPENDITURE	Event Expense			
Date	Payee name			
05/23/2025	Lyft			
Amount (\$)	Payee Address; City; State; Zip			
18.83	2525 West Loop S			
Expenditure from	Houston TV 77007			
corporate funds	Houston, TX 77027			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Event			
EXPENDITURE	LVCIII			

The Instruction Guide explains how to complete this form.					
Total pages Schedule I:	2 FILER NAME 3 Filer ID (Et	hics Commission Filers)			
Sch: 6/11 Rpt:	Run Sister Run Political Action Committee 00082714				
4 Date	5 Payee name				
06/02/2025	Lyft				
6 Amount (\$)	7 Payee Address; City; State; Zip				
20.67	2525 West Loop S				
Expenditure from corporate funds	Houston, TX 77027				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding ty	ype of information required.)			
OF EXPENDITURE	Event Expense Event				
Date	Payee name				
06/11/2025	Lyft				
Amount (\$)	Payee Address; City; State; Zip				
15.03	2525 West Loop S				
Expenditure from					
corporate funds	Houston, TX 77027				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding ty	ype of information required.)			
EXPENDITURE	Event Expense Event				
Date	Payee name				
06/11/2025	Lyft				
Amount (\$)	Payee Address; City; State; Zip				
15.99	2525 West Loop S				
Expenditure from					
corporate funds	Houston, TX 77027				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding ty	ype of information required.)			
EXPENDITURE	Event Expense Event				
Date	Payee name				
06/16/2025	Lyft				
Amount (\$)	Payee Address; City; State; Zip				
19.99	2525 West Loop S				
Expenditure from					
corporate funds	Houston, TX 77027				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding ty Event Expense Event	ype of information required.)			
EXPENDITURE	Event Expense Event				

The Instruction Guide explains how to complete this form.				
2 FILER NAME Run Sister Run Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082714		
5 Payee name		•		
Lyft				
7 Payee Address; City; State; Zip				
2525 West Loop S				
Houston, TX 77027				
(a) Category (See instructions for examples of acceptable categories) (Event Expense	(b) Description Event	(See instructions regarding type of information required.)		
Payee name				
Lyft				
Payee Address; City; State; Zip				
2525 West Loop S				
Houston, TX 77027				
	(b) Description	(See instructions regarding type of information required.)		
Event Expense	Event			
Pavee name		_		
Lyft				
Payee Address; City; State; Zip				
2525 West Loop S				
	•	(See instructions regarding type of information required.)		
Event Expense	Event			
Payee name				
Lyft				
Payee Address; City; State; Zip				
2525 West Loop S				
		(See instructions regarding type of information required.)		
Event Expense	Event			
	2 FILER NAME Run Sister Run Political Action Committee 5 Payee name Lyft 7 Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Expense Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Expense Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Expense Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Expense Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027	2 FILER NAME Run Sister Run Political Action Committee 5 Payee name Lyft 7 Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Expense Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Expense Payee name Lyft Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Expense Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Event Payee Name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027 (a) Category (See instructions for examples of acceptable categories) Payee name Lyft Payee Address; City; State; Zip 2525 West Loop S Houston, TX 77027		

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 8/11 Rpt:	Run Sister Run Political Action Committee 00082714			
4 Date	5 Payee name			
05/02/2025	Microsoft			
6 Amount (\$)	7 Payee Address; City; State; Zip			
108.24	1 Microsoft Way			
Expenditure from corporate funds	Redmond, WA 98052			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Advertising Expense Website			
Date	Payee name			
04/27/2025	USPS			
Amount (\$)	Payee Address; City; State; Zip			
170.55	1319 Richmond Avenue			
Expenditure from				
corporate funds	Houston, TX 77266			
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Office Overhead/Rental Expense Postage			
Date	Payee name			
05/29/2025	USPS			
Amount (\$)	Payee Address; City; State; Zip			
15.68	1319 Richmond Avenue			
Expenditure from				
corporate funds	Houston, TX 77266			
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Office Overhead/Rental Expense Postage			
Date	Payee name			
06/06/2025	USPS			
Amount (\$)	Payee Address; City; State; Zip			
` '	1319 Richmond Avenue			
22.40 Expenditure from				
corporate funds	Houston, TX 77266			
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Office Overhead/Rental Expense Postage			

The Instruction Guide explains how to complete this form.				
Total pages Schedule I: Sch: 9/11 Rpt:	2 FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714		
4 Date 06/25/2025	5 Payee name USPS	·		
6 Amount (\$) 58.55	7 Payee Address; City; State; Zip 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	Description (See instructions regarding type of information required.) Postage		
Date 06/16/2025	Payee name VistaPrint			
Amount (\$) 47.41 Expenditure from	Payee Address; City; State; Zip 275 Wyman St.			
corporate funds	Waltham, MA 33021			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	Description (See instructions regarding type of information required.) Office Supplies		
Date 05/19/2025	Payee name Wix.com			
Amount (\$) 3.23 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) (b) Advertising Expense	Description (See instructions regarding type of information required.) Website		
Date 05/21/2025	Payee name Wix.com			
Amount (\$) 3.23 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	Description (See instructions regarding type of information required.) Website		

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 10/11 Rpt:	2 FILER NAME Run Sister Run Political Action Committee 3 Filer ID (Ethics Commission Filers) 00082714			
4 Date 05/21/2025	5 Payee name Wix.com			
6 Amount (\$) 31.39 Expenditure from corporate funds 8 PURPOSE	7 Payee Address; City; State; Zip 500 Terry A Francois Blvd Ste 6 San Francisco, CA 94158 (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Advertising Expense Website			
Date 05/23/2025	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			
Date 06/23/2025	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			
Date 06/23/2025	Payee name 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 (See instructions regarding type of information required.) Website			

SCHEDULE I

		The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule I: Sch: 11/11 Rpt:	FILER NAME Run Sister Run Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082714
4	Date 05/08/2025	5 Payee name Zoom	
6	Amount (\$) 17.05 Expenditure from corporate funds	7 Payee Address; City; State; Zip 55 Almaden Boulevard 6th floor San Jose, CA 95113	
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense We	cription (See instructions regarding type of information required.) bsite
	Date 06/09/2025	Payee name Zoom	
	Amount (\$) 18.12 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 We	cription (See instructions regarding type of information required.) bsite

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