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) 00082403 3 COMMITTEE NAME **OFFICE USE ONLY** The Black Women's PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 122072 Date Hand-delivered or Date Postmarked Change of Address Arlington, TX 76012 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Jean NAME NICKNAME LAST **SUFFIX** Coleman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6912 River Park Lane N. #412 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76116 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (682) 330-2092 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** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** X Other Month Day Year Primary Runoff 06/07/2025 General Special City Council Runoff **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

The Black Women's PAC 1 COMMITTEE					
1. Candidates ACTIVITY ACTIVIT	2 COMMITTEE NAME				,
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LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Jean Coleman Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.				DAY \$	140.02
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Jean Coleman Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said				THE \$	0.00
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 3 of 73
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Black Women's Pa	AC .			00082403	3
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Mia Hall Ed.D. Fort W	orth City Council	
paper to complete this report if necessary.)					
	2. 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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Chakina Watkins Cro	wley ISD Board Trustee	,
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 4 of 73

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2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 01/21/2025	5 Full name of contributor Greene, Diane6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$21.00
8	Principal occu Therapist	Austin, TX 78725 pation / Job title (See Instructions)	9	Employer (See Instructions Self employed)		
	Date 02/21/2025	Full name of contributor Greene, Diane Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$21.00
	Principal occu Therapist	Austin, TX 78725 pation / Job title (See Instructions)		Employer (See Instructions Self employed)		
	Date 03/21/2025	Full name of contributor Greene, Diane Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$21.00
		Austin, TX 78725					
	Principal occu Therapist	pation / Job title (See Instructions)		Employer (See Instructions Self employed)		
	Date 04/21/2025	Full name of contributor Greene, Diane Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$21.00
	Principal occu Therapist	Austin, TX 78725 pation / Job title (See Instructions)		Employer (See Instructions Self employed)		
	Date 05/21/2025	Full name of contributor Greene, Diane Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$21.00
	Principal occu Therapist	pation / Job title (See Instructions)		Employer (See Instructions Self employed)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
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2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	ı Filers)
4	Date 06/21/2025	Greene, Diane	PAC (ID#:)	7	Amount of Contribution (\$)	\$21.00
_	Deinsinal	Austin, TX 78725	la la	Foundation (October to the street)			
8	Therapist	pation / Job title (See Instructions)	9	Employer (See Instructions Self employed	5)		
	Date 01/25/2025	Full name of contributor out-of-state Igwe, Eric Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
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	•	pation / Job title (See Instructions) ock 4 Project Manager		Employer (See Instructions Lockheed Martin	5)		
	Date 02/25/2025	Full name of contributor out-of-state lgwe, Eric Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76137					
		pation / Job title (See Instructions) ock 4 Project Manager		Employer (See Instructions Lockheed Martin	5)		
	Date 03/25/2025	Full name of contributor out-of-state Igwe, Eric Contributor address; City; State; Zip Code Fort Worth, TX 76137			•	Amount of Contribution (\$)	\$25.00
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	Date 04/25/2025	Full name of contributor out-of-state Igwe, Eric Contributor address; City; State; Zip Code Fort Worth, TX 76137				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ock 4 Project Manager		Employer (See Instructions Lockheed Martin	s)		
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2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 05/25/2025	Igwe, Eric 6 Contributor address; City; State; Zip	t-of-state PAC (ID#: o Code		7	Amount of Contribution (\$)	\$25.00
8		Fort Worth, TX 76137 pation / Job title (See Instructions) ock 4 Project Manager	9	Employer (See Instructions Lockheed Martin)		
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		pation / Job title (See Instructions) ock 4 Project Manager		Employer (See Instructions Lockheed Martin)		
	Date 01/25/2025	Full name of contributor out Orr, Angela Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75243					
	•	pation / Job title (See Instructions) Diagnostician		Employer (See Instructions Irving ISD)		
	Date 02/25/2025	Full name of contributor out Orr, Angela Contributor address; City; State; Zip Dallas, TX 75243	o Code			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Diagnostician		Employer (See Instructions Irving ISD)		
	Date 03/25/2025	Full name of contributor out Orr, Angela Contributor address; City; State; Zip Dallas, TX 75243	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
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2	FILER NAME The Black W	/omen's PAC			3	Filer ID (Ethics Commission 00082403	r Filers)
4	Date 04/25/2025	5 Full name of contributorOrr, Angela6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
8		Dallas, TX 75243 pation / Job title (See Instructions Diagnostician)	Employer (See Instructions Irving ISD	<u> </u> S)		
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		Dallas, TX 75243 pation / Job title (See Instructions Diagnostician)	Employer (See Instructions Irving ISD	<u> </u> s)		
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		pation / Job title (See Instructions Diagnostician)	Employer (See Instructions Irving ISD	5)		
	Date 01/30/2025	Full name of contributor Roberts, Vera Contributor address; City; St Fort Worth, TX 76119	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.20
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions none	<u>l</u> S)		
	Date 02/28/2025	Full name of contributor Roberts, Vera Contributor address; City; St Fort Worth, TX 76119	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$20.20
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 9/73	
2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 03/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.20
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8	none	pation / Job title (See Instructions)	9	Employer (See Instructions none	5)		
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	Principal occu none	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
	Date 06/30/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.20
	Principal occu	Fort Worth, TX 76119 pation / Job title (See Instructions)		Employer (See Instructions none	<u> </u> ;)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_ Rogers, Cheryl Contributor address; City; State; Zip Code Fort WOrth, TX 76112)		Amount of Contribution (\$)	\$20.20
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
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2	FILER NAME The Black W	omen's PAC			3	Filer ID (Ethics Commission 00082403	Filers)
4	Date 02/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.20
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	Date 03/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.20
	Principal occu	Fort WOrth, TX 76112 pation / Job title (See Instructions)		Employer (See Instructions	 5)		
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	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.20
	Principal occu Educator	Fort WOrth, TX 76112 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 06/03/2025	Full name of contributor out-of-state PAC (ID#:_Rogers, Cheryl Contributor address; City; State; Zip Code Fort WOrth, TX 76112)		Amount of Contribution (\$)	\$20.20
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions	s)		

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2	FILER NAME The Black W	/omen's PAC			3	Filer ID (Ethics Commission 00082403	r Filers)
_				,	ļ_		
4	Date 01/21/2025	5 Full name of contributorUrbin, Salustra6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$10.00
		Brentwood, TX 94513					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	biomedical S	Scientist		lawrence livermore lab			
	Date 02/21/2025	Full name of contributor Urbin, Salustra Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Brentwood, TX 94513					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	biomedical S	Scientist		lawrence livermore lab			
	Date 03/21/2025				Amount of Contribution (\$)	\$10.00	
		Brentwood, TX 94513					
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	biomedical S	,	,	lawrence livermore lab	,		
	Date 04/21/2025	Full name of contributor Urbin, Salustra Contributor address; City; St Brentwood, TX 94513	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	biomedical S	Scientist		lawrence livermore lab			
	Date 05/21/2025	Full name of contributor Urbin, Salustra Contributor address; City; St Brentwood, TX 94513	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	biomedical S	Scientist		lawrence livermore lab			

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 12/73
2	FILER NAME The Black Women's PAC	3	Filer ID (Ethics Commission Filers) 00082403
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Urbin, Salustra 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$10.00
8	Brentwood, TX 94513 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)	
	biomedical Scientist lawrence livermore lab	b	

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	plains how to comple	ete this form.	1	Total pages Sch Sch: 1/1 Rpt: :	
2 FILER N	IAME Ick Women's PAC			3		thics Commission Filers)
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES				\$	0.00
5 Date	6 Full name of pledgor)	8	Amount of pledge (\$)	9 In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code			_	
40 Deinsins	Languagian (Jah titla (Oca Instru		Taa	<u> L</u>		tside of Texas. Complete Schedule
10 Principa	l occupation / Job title (See Instru	uctions)	11 Employer (See Instru	ucti	ons)	

LOANS				SCHEDULE	E
The Instruction	Guide explains how to complete this	form.	1	ges Schedule E: 1 Rpt: 14/73	
2 FILER NAME The Black Women's	s PAC		3 Filer ID (Ethics Commission Filers) 00082403		ers)
4 TOTAL OF UNITI	EMIZED LOANS			\$	0.00
5 Date of loan 7	Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	Lender address; City; State;	Zip Code		10 Interest Rate	
				11 Maturity Date	
12 Principal occupation /	Job title (See Instructions)	13 Employer (See Instructions	5)		
14 Description of Collate None	ral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	Name of guarantor	_		19 Amount Guaranteed	(\$)
	Guarantor address; City; State;	Zip Code			
20 Principal occupation		21 Employer (See Instructions	5)		

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 comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/59 Rpt: 15/73	The Black Women's PAC	00082403
4 Date	5 Payee name	•
03/24/2025	7-Eleven	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$50.02	1315 N Collins Street	
Expenditure from		
corporate funds	Arlington, TX 76011	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVELIN
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	4	
Date	Payee name	
03/24/2025	7-Eleven	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.02	1315 N Collins Street	
Expenditure from corporate funds	Arlington, TX 76011	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVELIN
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/24/2025	7-Eleven	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.02	1315 N Collins Street	
Expenditure from		
corporate funds	Arlington, TX 76011	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVELIN
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	4	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political Credit Card Payment		Salaries/Wages/Contract Labor w to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/59 Rpt: 16/73	The Black Women's PAC		00082403
4 Date	5 Payee name		
03/24/2025	7-Eleven		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$50.02	1315 N Collins Street		
Expenditure from corporate funds	Arlington, TX 76011		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched		
EXPENDITURE	Travel In District	· · · ·	outside of Texas. Complete Schedule T.
		TRAVELIN	, TX, officeholder living expense
		110.022	
Complete ONLY if direct expenditure to benefit C/OF		L ice sought	Office held
Date	Payee name		
03/24/2025	7-Eleven		
Amount (\$)	Payee address; City; State;	Zip Code	
\$50.02	1315 N Collins Street	·	
·			
Expenditure from corporate funds	Arlington, TX 76011		
PURPOSE	(a) Category (See Categories listed at the top of this sched	(b) Description	
OF EXPENDITURE	Travel In District	<u> </u>	outside of Texas. Complete Schedule T.
		TRAVELIN	, TX, officeholder living expense
		INAVELIN	
Complete ONLY if direct	Candidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OF		ice sought	Office field
Date	Payee name		
03/27/2025	Amazon		
Amount (\$)	Payee address; City; State;	Zip Code	
\$30.84			
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this sched		
EXPENDITURE	Gift/Awards/Memorials Expense		outside of Texas. Complete Schedule T.
		GIFTS	, TX, officeholder living expense
		JIF 13	
Complete CALL V if direct	Condidate/Officeholder in a ma	ion aquabt	Office hold
Complete ONLY if direct expenditure to benefit C/OF		ice sought	Office held
•			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Stouk Gala : dymoni	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 3/59 Rpt: 17/73	The Black Women's PAC	00082403
4 Date 03/27/2025	5 Payee name Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$30.84	Amazon.com	
Expenditure from corporate funds	Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFTS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sort	ught Office held
Date	Payee name	
03/27/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip C	ode
\$30.84	Amazon.com	
Expenditure from corporate funds	Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFTS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held
Date	Payee name	
03/27/2025	Amazon	
Amount (\$) \$30.84	Payee address; City; State; Zip C Amazon.com	ode
Expenditure from corporate funds	Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIFTS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught 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

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

Great Gara F ayment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/59 Rpt: 18/73	The Black Women's PAC		00082403	
4 Date	5 Payee name		•	
03/27/2025	Amazon			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$30.84	Amazon.com			
Expenditure from corporate funds	Seattle, WA 98109			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense		el outside of Texas. Con	nplete Schedule T.
EXPENDITORE		ı —	tin, TX, officeholder living	g expense
		GIFTS		
O Commission ONII V if allowed	Oscalidate (Office helder research		O#: I-	-1.1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office h	eia
·				
Date	Payee name			
06/02/2025	Canva			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$119.99	110 Kippax Street			
Expenditure from				
corporate funds	Surry Hill 2010 Australia			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	ı =	el outside of Texas. Con	
		OVERHEAD	tin, TX, officeholder living	g expense
			_	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	eld
expenditure to benefit C/OI				
Date	Payee name			
06/02/2025	Canva			
Amount (\$)	Payee address; City; State; Zip C	nde		
\$119.99	110 Kippax Street			
Ψ110.00	TIO Nippak Guodi			
Expenditure from corporate funds	Surry Hill 2010 Australia			
<u> </u>	-	(b) Description		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if trave	el outside of Texas. Con	pplete Schedule T.
EXPENDITURE	Onice Overnead/Rental Expense	ı ⊔	tin, TX, officeholder living	•
		OVERHEAD)	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	eld
expenditure to benefit C/OI	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

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: 5/59 Rpt: 19/73	The Black Women's PAC 00082403
4 Date	5 Payee name
06/02/2025	Canva
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$119.99	110 Kippax Street
Expenditure from corporate funds	Surry Hill, 02010
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
	OVERTICAD
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Canva
Amount (\$)	Payee address; City; State; Zip Code
\$119.99	110 Kippax Street
Expenditure from corporate funds	Surry Hill 2010 Australia
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50.16.16.15 to bottom 0/01	
Date	Payee name
06/02/2025	Canva
Amount (\$)	Payee address; City; State; Zip Code
\$119.99	110 Kippax Street
Expenditure from corporate funds	Surry Hill 2010 Australia
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

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

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: 6/59 Rpt: 20/73	The Black Women's PAC 00082403
4 Date	5 Payee name
04/25/2025	Chakina Watkins for Crowley ISD
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	6507 S. Cooper
Expenditure from corporate funds	Arlington, TX 76001
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Bolumene
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/25/2025	Chakina Watkins for Crowley ISD
Amount (\$) \$100.00	
\$100.00	6507 S. Cooper
Expenditure from	A 15 - 1 - 1 - TV 70004
corporate funds	Arlington, TX 76001
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Watins, Chakina School Board Trustee Place
Date	Payee name
04/25/2025	Chakina Watkins for Crowley ISD
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	6507 S. Cooper
Ψ100.00	0.00 G. 000 pc.
Expenditure from corporate funds	Arlington, TX 76001
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	Watins, Chakina School Board Trustee Place

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/59 Rpt: 21/73	The Black Women's PAC 00082403
4 Date	5 Payee name
04/25/2025	Chakina Watkins for Crowley ISD
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	6507 S. Cooper
Expenditure from	Arlington, TX 76001
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Bothmene
Complete ONLY if aligned	Candidate/Officeholder name Office sought Office hald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Watins, Chakina School Board Trustee Place
Date	Payee name
04/25/2025	Chakina Watkins for Crowley ISD
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	6507 S. Cooper
,	
Expenditure from	Auliantes, TV 70004
corporate funds	Arlington, TX 76001
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/01	Watins, Chakina School Board Trustee Place
Date	Payee name
01/21/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
\$10.00	
Expenditure from	M III MA 00454
corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/OI	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/59 Rpt: 22/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/10/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from corporate funds	Waltham, MA 02451
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Ψ10.00	1001 Hapelo Ku
Expenditure from	
corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	
Date	Payee name
04/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Ψ10.00	1001 Παρείο Να
Expenditure from	
corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	
1 Total pages Schedule F1:	
Sch: 9/59 Rpt: 23/73	The Black Women's PAC 00082403
4 Date	5 Payee name
05/19/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
` *	
\$10.66	1601 Trapelo Rd
Expenditure from	
corporate funds	Waltham, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	ADVERTISE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	David and the second se
Date	Payee name
06/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from corporate funds	Waltham, MA 02451
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
01/21/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
+=3100	
Expenditure from	Malthon MA 02451
corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Sa The Instruction Guide explains how	laries/Wages/Contract Labor OTHER (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/59 Rpt: 24/73	The Black Women's PAC	00082403
4 Date	5 Payee name	·
03/10/2025	Constant Contact	
6 Amount (\$) \$10.66	7 Payee address; City; State; Z 1601 Trapelo Rd	ip Code
Expenditure from corporate funds	Waltham, MA 02451	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVERTISE
Complete ONLY if direct expenditure to benefit C/OF		e sought Office held
Date	Payee name	
03/18/2025	Constant Contact	
Amount (\$)	Payee address; City; State; Z	ip Code
\$10.66	1601 Trapelo Rd	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OVERHEAD
		OVERHEAD
Complete ONLY if direct expenditure to benefit C/OF		e sought Office held
Date	Payee name	
04/18/2025	Constant Contact	
Amount (\$)	Payee address; City; State; Z	ip Code
\$10.66	1601 Trapelo Rd	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ADVERTISE
Complete ONLY if direct expenditure to benefit C/O		e 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 Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula 54:	
1 Total pages Schedule F1:	
Sch: 11/59 Rpt: 25/73	The Black Women's PAC 00082403
4 Date	5 Payee name
05/19/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Ψ10.00	1001 Hapelo IVa
Expenditure from	W W
corporate funds	Waltham, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	ADVERTISE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
06/18/2025	Constant Contact
Amount (\$)	
\$10.66	1601 Trapelo Rd
Expenditure from	
corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/21/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from	
corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н

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/Officenoider/Politica	The Instruction Guide explains how to co		te this form.	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 12/59 Rpt: 26/73	The Black Women's PAC			00082403	
4 Date	5 Payee name		· ·		
03/10/2025	Constant Contact				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$10.66	1601 Trapelo Rd				
Expenditure from corporate funds	Waltham, MA 02451				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Advertising Expense		Check if travel outsi		
			Check if Austin, TX, ADVERTISE	, omcenolaer living) expense
			7.5 VE. (110E		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght		Office he	eld
expenditure to benefit C/O					
Date	Payee name				
03/18/2025	Constant Contact				
Amount (\$)	Payee address; City; State; Zip Co	nde			
\$10.66	1601 Trapelo Rd				
¥-2					
Expenditure from corporate funds	Waltham, MA 02451				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsi Check if Austin, TX,		
			OVERHEAD	, omeenolder hving	у схропас
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/O	1				
Date	Payee name				
04/18/2025	Constant Contact				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$10.66	1601 Trapelo Rd				
Expenditure from corporate funds	Waltham, MA 02451				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Advertising Expense		Check if travel outsi		
			Check if Austin, TX, ADVERTISE	, officeholder living	g expense
			ADVENTISE		
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Iaht		Office he	eld .
expenditure to benefit C/O		-9·11		Omoc ne	····

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/59 Rpt: 27/73	The Black Women's PAC 00082403
4 Date	5 Payee name
05/19/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from corporate funds	Waltham, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVERTISE
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
720.00	
Expenditure from corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/21/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVERTISE
Complete ONLY 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

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: 14/59 Rpt: 28/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/10/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from corporate funds	Waltham, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense ADVERTISE
	ABVERTISE
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
03/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	•
Date	Payee name
04/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
,	
Expenditure from corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	ADVERTISE
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 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

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 c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer	s)
Sch: 15/59 Rpt: 29/73	The Black Women's PAC 00082403		
4 Date	5 Payee name	•	
05/19/2025	Constant Contact		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$10.66	1601 Trapelo Rd		
Expenditure from corporate funds	Waltham, MA 02451		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense ADVERTISE	
		A VERTISE	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O		ugnit Office field	
Date	Payee name		
06/18/2025	Constant Contact		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$10.66	1601 Trapelo Rd		
Expenditure from			
corporate funds	Waltham, MA 02451		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.	
_,, _,,,,,,,		Check if Austin, TX, officeholder living expense OVERHEAD	
		OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/O		ugnit Office field	
Date	Payee name		
01/21/2025	Constant Contact		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$10.66	1601 Trapelo Rd		
Expenditure from			
corporate funds	Waltham, MA 02451		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE		Check if Austin, TX, officeholder living expense	
		ADVERTISE	
Occupation Children	Open distance (Office health as a		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held	
,			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 16/59 Rpt: 30/73	The Black Women's PAC 00082403	
4 Date	5 Payee name	
03/10/2025	Constant Contact	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.66	1601 Trapelo Rd	
Expenditure from corporate funds	Waltham, MA 02451	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	ADVERTISE	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	_
03/18/2025	Constant Contact	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.66	1601 Trapelo Rd	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	_
04/18/2025	Constant Contact	
Amount (\$)	Payee address; City; State; Zip Code	_
\$10.66	1601 Trapelo Rd	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense ADVERTISE	
	ADVENTISE	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/59 Rpt: 31/73	The Black Women's PAC 00082403
4 Date	5 Payee name
05/19/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
Expenditure from corporate funds	Waltham, MA 02451
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	ADVERTISE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$10.66	1601 Trapelo Rd
410.00	1001 1144010 114
Expenditure from	
corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVERNING	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/24/2025	Daiso
Amount (\$)	Payee address; City; State; Zip Code
\$52.50	415 Bernie Anderson Ave
Ψ32.30	410 Define / Miderson / We
Expenditure from	
corporate funds	Fort Worth, TX 76116
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal 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 extension pat listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
	The Black Women's PAC 00082403
Sch: 18/59 Rpt: 32/73	l.
4 Date	5 Payee name
03/24/2025	Daiso
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$52.50	415 Bernie Anderson Ave
Expenditure from corporate funds	Fort Worth, TX 76116
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuouions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	DONATIONS
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Pouro nomo
	Payee name
03/24/2025	Daiso
Amount (\$)	Payee address; City; State; Zip Code
\$52.50	415 Bernie Anderson Ave
Expenditure from	
corporate funds	Fort Worth, TX 76116
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/24/2025	Daiso
Amount (\$)	Payee address; City; State; Zip Code
\$52.50	415 Bernie Anderson Ave
402.00	
Expenditure from	Fort Worth TV 76116
corporate funds	Fort Worth, TX 76116
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	DOWNTONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct 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 Co

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: 19/59 Rpt: 33/73	The Black Women's PAC 00082403	
4 Date	5 Payee name	
03/24/2025	Daiso	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$52.50	415 Bernie Anderson Ave	
— Foresedit ve from		
Expenditure from corporate funds	Fort Worth, TX 76116	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	BOWTHONS	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Dete		
Date	Payee name	
03/27/2025	Dr Mia Hall for Fort Worth City Council	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	P.O. BOX 33574	
Expenditure from corporate funds	Fort Worth, TX 76162	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	DONATIONS	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	Hall, Mia (Dr.) City Council Place District 6	
Date	Payee name	
03/27/2025	Dr Mia Hall for Fort Worth City Council	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	P.O. BOX 33574	
Expenditure from corporate funds	Fort Worth, TX 76162	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	DONATIONS	
_		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH Hall, Mia (Dr.) City Council Place District 6		

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 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: 20/59 Rpt: 34/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/27/2025	Dr Mia Hall for Fort Worth City Council
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	P.O. BOX 33574
Expenditure from	
corporate funds	Fort Worth, TX 76162
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	BOWTHONS
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/27/2025	Dr Mia Hall for Fort Worth City Council
Amount (\$) \$150.00	Payee address; City; State; Zip Code P.O. BOX 33574
Φ130.00	P.O. BOX 33374
Expenditure from corporate funds	Fort Worth, TX 76162
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	DONATIONS
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Hall, Mia (Dr.) City Council Place District 6
Date	Payee name
03/27/2025	Dr Mia Hall for Fort Worth City Council
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	P.O. BOX 33574
Expenditure from	
corporate funds	Fort Worth, TX 76162
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	(2.1.)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice/Magas/Contract Labor

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: 21/59 Rpt: 35/73	The Black Women's PAC 00082403	
4 Date	5 Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.00	P. O. Box 8344	
Expenditure from corporate funds	Fort Worth, TX 76124	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	ADVERTISE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Dayso nama	
	Payee name Creater Fort Worth Area Negro Business and Brefassional Woman's Club	
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.04	P. O. Box 8344	
Expenditure from corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	FOOD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club	
	5	
Amount (\$)	Payee address; City; State; Zip Code	
\$51.52	P. O. Box 8344	
- Funanditura from		
Expenditure from corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	DONATIONS	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

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 (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 22/59 Rpt: 36/73	The Black Women's PAC	00082403
4 Date	5 Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Pr	ofessional Women's Club
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$200.00	P. O. Box 8344	
- "		
Expenditure from corporate funds	Fort Worth, TX 76124	
8 PURPOSE OF	5 7 (est subgenes noted at the top of this solitorial)	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ADVERTISE
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		
Date	Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Pro	ofessional Women's Club
Amount (\$)	Payee address; City; State; Zip Code	
\$128.04	P. O. Box 8344	
Expenditure from corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FOOD
Complete ONLY if direct	Condidate/Officeholder name Office court	nt Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it Office field
Date	Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Pro	ofessional Women's Club
Amount (\$)	Payee address; City; State; Zip Code	e
\$51.52	P. O. Box 8344	
Evpanditura from		
Expenditure from corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
experientare to benefit 6/01	·	

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

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

Travel Out of District
OTHER (onto a extension part listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/59 Rpt: 37/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P. O. Box 8344
,	
Expenditure from corporate funds	Fort Worth, TX 76124
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense ADVERTISE
	ADVERTISE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club
Amount (\$)	Payee address; City; State; Zip Code
\$128.04	P. O. Box 8344
Expenditure from corporate funds	Fort Worth, TX 76124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	FOOD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club
Amount (\$)	Payee address; City; State; Zip Code
\$51.52	P. O. Box 8344
401.02	110.33% 0011
Expenditure from corporate funds	Fort Worth, TX 76124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
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		ges/Contract Labor OTHER (enter a category not listed above)
	· · · · · · · · · · · · · · · · · · ·	·
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 24/59 Rpt: 38/73	The Black Women's PAC	00082403
4 Date	5 Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Pr	ofessional Women's Club
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$200.00	P. O. Box 8344	
Expenditure from corporate funds	Fort Worth, TX 76124	
8 PURPOSE	1	b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		ADVERTISE
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O		Office field
•		
Date	Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Pr	ofessional Women's Club
Amount (\$)	Payee address; City; State; Zip Cod	е
\$128.04	P. O. Box 8344	
¥220.0 .		
Expenditure from		
corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		FOOD
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O	н	
Date	Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Pr	ofessional Women's Club
Amount (\$)	Payee address; City; State; Zip Cod	e
\$51.52	P. O. Box 8344	
Expenditure from	Fort Month, TV 7C104	
corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
ZAI ZHBITONZ	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O	- 1	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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	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	3)
Sch: 25/59 Rpt: 39/73	The Black Women's PAC 00082403	
4 Date	5 Payee name	
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.00	P. O. Box 8344	
Expenditure from corporate funds	Fort Worth, TX 76124	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	ADVERTISE	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	_
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$128.04	P. O. Box 8344	
Expenditure from		
corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	FOOD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	_
03/24/2025	Greater Fort Worth Area Negro Business and Professional Women's Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$51.52	P. O. Box 8344	
Expenditure from		
corporate funds	Fort Worth, TX 76124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	DONATIONS	
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 Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 Files ID (Ethics Commission Files)
1 Total pages Schedule F1: Sch: 26/59 Rpt: 40/73	2 FILER NAME The Black Women's PAC 3 Filer ID (Ethics Commission Filers) 00082403
4 Date	5 Payee name
01/02/2025	HP Insta Ink
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from	
corporate funds	Palto Alto, CA 94304
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense OVERHEAD
	OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payer name
02/18/2025	Payee name HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from	
corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	<u> </u>
Date	Payee name
03/11/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from	
corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
-	Check if Austin, TX, officeholder living expense OVERHEAD
	OVERNEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense E Accounting/Banking E Consulting Expense E 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	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: 27/59 Rpt: 41/73	The Black Women's PAC 00082403	
4 Date	5 Payee name	
04/02/2025	HP Insta Ink	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.61	HP.COM	
Expenditure from		
corporate funds	Palto Alto, CA 94304	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OVERHEAD	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	H	
Date	Payee name	_
04/29/2025	HP Insta Ink	
Amount (\$)	Payee address; City; State; Zip Code	_
\$11.36	HP.COM	
Expenditure from corporate funds	Palto Alto, CA 94304	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
06/06/2025	HP Insta Ink	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.61	HP.COM	
Expenditure from corporate funds	Palto Alto, CA 94304	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
L/A LINDITORL	Check if Austin, TX, officeholder living expense	
	OVERHEAD	
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 Committ

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: 28/59 Rpt: 42/73	The Black Women's PAC 00082403
4 Date	5 Payee name
01/02/2025	HP Insta Ink
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.61	HP.COM
- Evpanditura from	
Expenditure from corporate funds	Palto Alto, CA 94304
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/18/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from	
corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/11/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OVERHEAD
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 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

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	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 29/59 Rpt: 43/73	The Black Women's PAC	00082403
4 Date	5 Payee name	·
04/02/2025	HP Insta Ink	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.61	HP.COM	
Expenditure from		
corporate funds	Palto Alto, CA 94304	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
04/29/2025	HP Insta Ink	
Amount (\$)	Payee address; City; State; Zip Code	
\$11.36	HP.COM	
Expenditure from corporate funds	Palto Alto, CA 94304	
PURPOSE OF		Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/06/2025	HP Insta Ink	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.61	HP.COM	
Expenditure from		
corporate funds	Palto Alto, CA 94304	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DVERHEAD
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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 30/59 Rpt: 44/73	The Black Women's PAC 00082403
4 Date	5 Payee name
01/02/2025	HP Insta Ink
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/18/2025	HP Insta Ink
Amount (\$)	, ,
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	ADVERTISE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
03/11/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Organists ONE Wife disease	One districts (Office healths are seen
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

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	Il 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: 31/59 Rpt: 45/73	The Black Women's PAC 00082403
4 Date	5 Payee name
04/02/2025	HP Insta Ink
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
-	Check if Austin, TX, officeholder living expense OVERHEAD
	OVERHEAD
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
04/29/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$11.36	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
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
Date	Payee name
06/06/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

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

Dursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Ct Labor OTHER (enter a category pot listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Exp nmittee Legal Services		xpense Vages/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	Credit Cara r ayment	The Instruction Guide	explains how to co	mplete this form.				
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Sch: 32/59 Rpt: 46/73	The Black Women's PAC				00082403		
4	Date	Payee name						_
	01/02/2025	HP Insta Ink						
-			State; Zip Co	ndo.				_
U	Amount (\$) \$1.61	Payee address; City; HP.COM	State, Zip Co	ue				
	Φ1.01	HP.COM						
_	T Expenditure from							
L	corporate funds	Palto Alto, CA 94304						
8	PURPOSE	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	OF EXPENDITURE	Office Overhead/Rental Exper				de of Texas. Com		
	EXI ENDITORE					officeholder living	expense	
				OVERHEA	AD			
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name	Office sou	ght		Office he	eld	
	experialiture to benefit C/Or							
	Date	Payee name						_
	02/18/2025	HP Insta Ink						
	Amount (\$)	Payee address; City;	State: Zip Co	ode				
	\$1.61	HP.COM						
	Ψ1.01							
Г	Expenditure from	D-4- A4- OA 04004						
<u> </u>	corporate funds	Palto Alto, CA 94304						
	PURPOSE OF	Category (See Categories listed at the to	pp of this schedule)	(b) Description				
	EXPENDITURE	Advertising Expense				de of Texas. Comp		
				ADVERTIS		officeholder living	expense	
				//DVERTIC	<i></i>			
	Complete ONLY if direct	andidata/Officaholdar nama	Office sou	aht		Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office sou	gni		Office he	eiu	
	Date	Payee name						
	03/11/2025	HP Insta Ink						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$1.61	HP.COM						
	Expenditure from corporate funds	Palto Alto, CA 94304						
	PURPOSE			(b) Decemention				
	OF	Category (See Categories listed at the to	·	(b) Description Check if tra	ivel outsid	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Office Overhead/Rental Exper	ise			officeholder living		
				OVERHEA		J		
	Complete ONLY if direct	andidate/Officeholder name	Office sou	ght		Office he	eld	
	expenditure to benefit C/O		205 000	.		200 .10		

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

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: 33/59 Rpt: 47/73	The Black Women's PAC 00082403
4 Date	5 Payee name
04/02/2025	HP Insta Ink
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
-	Check if Austin, TX, officeholder living expense OVERHEAD
	OVERHEAD
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
04/29/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$11.36	HP.COM
— Foresaditus from	
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	OVERHEAD
Operation ONE Wife discout	Our did to 10 ff as had done as many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
06/06/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from	
corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal 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 (onto a category not listed above)

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: 34/59 Rpt: 48/73	The Black Women's PAC 00082403
4 Date	5 Payee name
01/02/2025	HP Insta Ink
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense OVERHEAD
	OVERTIEND
Complete ONLY if direct	Candidate/Officeholder name Office acusht
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/18/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	ADVERTISE
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/11/2025	HP Insta Ink
Amount (\$)	Payee address; City; State; Zip Code
\$1.61	HP.COM
Expenditure from corporate funds	Palto Alto, CA 94304
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 35/59 Rpt: 49/73	The Black Women's PAC 00082403					
4 Date	5 Payee name					
04/02/2025	HP Insta Ink					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1.61	HP.COM					
Expenditure from corporate funds	Palto Alto, CA 94304					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
	Check if Austin, TX, officeholder living expense					
	OVERHEAD					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
04/29/2025	HP Insta Ink					
Amount (\$)	Payee address; City; State; Zip Code					
\$11.36	HP.COM					
Expenditure from						
corporate funds	Palto Alto, CA 94304					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
EXI ENDITORE	Check if Austin, TX, officeholder living expense					
	OVERHEAD					
Operation ONLY if the ex-	Out tidate (Office health and an					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/06/2025	HP Insta Ink					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.61	HP.COM					
Expenditure from corporate funds	Palto Alto, CA 94304					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
LAI LIIDITOILE	Check if Austin, TX, officeholder living expense					
	OVERHEAD					
Complete ONLY if alive	Condidate/Officeholder name Office cought					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

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: 36/59 Rpt: 50/73 The Black Women's PAC 00082403 4 Date Payee name 03/11/2025 Junior Ezeonu's Re-election Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 300 W Main Unit 3 Expenditure from Grand Prairie, TX 75050 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **DONATIONS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Ezeonu, Junior City Council Place At-Large City Council Place At-Large Date Payee name 03/11/2025 Junior Ezeonu's Re-election Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 300 W Main Unit 3 Expenditure from Grand Prairie, TX 75050 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **DONATIONS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Ezeonu, Junior City Council Place At-Large City Council Place At-Large Date Payee name 03/11/2025 Junior Ezeonu's Re-election Campaign Amount (\$) Payee address: City: State: Zip Code 300 W Main \$250.00 Unit 3 Expenditure from Grand Prairie, TX 75050 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **DONATIONS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Ezeonu, Junior City Council Place At-Large City Council Place At-Large

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

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: 37/59 Rpt: 51/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/11/2025	Junior Ezeonu's Re-election Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	300 W Main
- "	Unit 3
Expenditure from corporate funds	Grand Prairie, TX 75050
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	BOWTHONS
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	
03/11/2025	Payee name Junior Ezeonu's Re-election Campaign
	· -
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	300 W Main
Expenditure from	Unit 3
corporate funds	Grand Prairie, TX 75050
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	DONATIONS
Commission ONLL V if dispose	Condidate/Office helds no year
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Ezeonu, Junior City Council Place At-Large City Council Place At-Large
·	Ezeonu, Junior City Council Place At-Large City Council Place At-Large
Date	Payee name
06/13/2025	National Associaton for the Advancement of Colored People
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	4805 Mt. Hope Drive
- Foresanditure Cons	
Expenditure from corporate funds	Baltimore, MD 21215
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
LA LADITORL	Check if Austin, TX, officeholder living expense
	OVERHEAD
Commission ONUVIVIII	Condidate/Officeholder name
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

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis	ssion Filers)
Sch: 38/59 Rpt: 52/73		•
4 Date	5 Payee name	
06/13/2025	National Associaton for the Advancement of Colored People	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$40.00	4805 Mt. Hope Drive	
Expenditure from		
corporate funds	Baltimore, MD 21215	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OVERHEAD	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
06/13/2025	National Associaton for the Advancement of Colored People	
Amount (\$)	Payee address; City; State; Zip Code	
\$40.00		
*		
Expenditure from corporate funds	Baltimore, MD 21215	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	DH -	
Date	Payee name	
06/13/2025	National Associaton for the Advancement of Colored People	
Amount (\$)	Payee address; City; State; Zip Code	
\$40.00		
·		
Expenditure from corporate funds	Baltimore, MD 21215	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
_,, _,,,,,,,	Check if Austin, TX, officeholder living expense OVERHEAD	
	OVERNEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Ol	OH OHIGE HEID	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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:								
Sch: 39/59 Rpt: 53/73	The Black Women's PAC 00082403							
4 Date	5 Payee name							
06/13/2025	National Associaton for the Advancement of Colored People							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$40.00	4805 Mt. Hope Drive							
Expenditure from corporate funds	Baltimore, MD 21215							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF	Office Overhead/Rental Expense							
EXPENDITURE	Check if Austin, TX, officeholder living expense							
	OVERHEAD							
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/Oi	H Control of the Cont							
Date	Payee name							
06/23/2025	Pappadeaux							
Amount (\$)	Payee address; City; State; Zip Code							
\$30.00	1304 Copeland							
Expenditure from corporate funds	Arlington, TX 76011							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Food/Beverage Expense							
EXPENDITORE	Check if Austin, TX, officeholder living expense							
	FOOD							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
experience to benefit 6/61								
Date	Payee name							
06/23/2025	Pappadeaux							
Amount (\$)	Payee address; City; State; Zip Code							
\$30.00	1304 Copeland							
Expenditure from corporate funds	Arlington, TX 76011							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Food/Beverage Expense							
EXPENDITURE	Check if Austin, TX, officeholder living expense							
	FOOD							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
experience to belieff C/O	experiunare to benefit G/OTT							

SCHEDULE F1

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

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

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: 40/59 Rpt: 54/73	The Black Women's PAC 00082403
4 Date	5 Payee name
06/23/2025	Pappadeaux
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.00	1304 Copeland
— Foresedit ve from	
Expenditure from corporate funds	Arlington, TX 76011
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense FOOD
	POOD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5.	
Date	Payee name
06/23/2025	Pappadeaux
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	1304 Copeland
Evpanditura from	
Expenditure from corporate funds	Arlington, TX 76011
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
_/	Check if Austin, TX, officeholder living expense
	FOOD
Commission ONLL V if dispose	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/23/2025	Pappadeaux
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	1304 Copeland
Expenditure from	
corporate funds	Arlington, TX 76011
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	FOOD
Commission Chill V II alling	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

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 (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	
1 Total pages Schedule F1:	
Sch: 41/59 Rpt: 55/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/24/2025	Sprouts Farmers Market
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$20.00	6300 Waverly Way
420.00	ooo manany may
Expenditure from	5
corporate funds	Fort Worth, TX 76116
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	DONATIONS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
03/24/2025	Sprouts Farmers Market
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	6300 Waverly Way
,	
Expenditure from	Fort Months TV 70110
corporate funds	Fort Worth, TX 76116
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	DONATIONS
0 1: 0.11.7.7.1.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to belieff Gree	
Date	Payee name
03/24/2025	Sprouts Farmers Market
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	6300 Waverly Way
Expenditure from	Fort Worth TV 76116
corporate funds	Fort Worth, TX 76116
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	DONATIONS
Occupation Children	Ora didata (Office had dan garage
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)
g Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Under a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
4 Tatal manua Cabadala E4.	<u> </u>						
1 Total pages Schedule F1: Sch: 42/59 Rpt: 56/73	2 FILER NAME3 Filer ID(Ethics Commission Filers)The Black Women's PAC00082403						
4 Date	5 Payee name						
03/24/2025	Sprouts Farmers Market						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$20.00	6300 Waverly Way						
Expenditure from corporate funds	Fort Worth, TX 76116						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee						
	DONATIONS						
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
03/24/2025	Sprouts Farmers Market						
Amount (\$)	Payee address; City; State; Zip Code						
` '							
\$20.00	6300 Waverly Way						
- Consorditure from							
Expenditure from corporate funds	Fort Worth, TX 76116						
PURPOSE	(a) Cotagon. (b) Deceription						
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	DONATIONS						
	Bowlinence						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experialiture to beriefit C/O							
Date	Payee name						
03/24/2025	Trader Joe's						
Amount (\$)	Payee address; City; State; Zip Code						
\$66.84	800 S Shamrock Ave.						
Expenditure from corporate funds	Monrovia, CA 91016						
•	I ma						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	Candidate/Officeholder/Political Committee						
	DONATIONS						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	expenditure to benefit C/OH						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Leg	t/Awards/Memorials Ex gal Services ne Instruction Guid		/Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
-	Total pages Schedule F1:	12						12	Filer ID	(Ethics Commission Fil	lore)
_				mania DAC						(Ethics Commission in	1013)
	Sch: 43/59 Rpt: 57/73		The Black Wo	mens PAC					00082403		
4	Date	5	Payee name								
	03/24/2025		Trader Joe's								
6	Amount (\$)	7	Payee address;	City;	State; Zip C	ode					
	\$135.63		800 S Shamro	•							
	,										
I	Expenditure from			04040							
ᆜ	corporate funds		Monrovia, CA	91016							
8	PURPOSE	(a)	Category (See C	ategories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE			Donations Mad			=			plete Schedule T.	
	ZA ZADITORZ		Candidate/Off	iceholder/Politi	cal Committee		\Box		, officeholder living	g expense	
							DONATIONS	5			
9	Complete ONLY if direct		Candidate/Officel	nolder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	Н									
F	Date	Г	Payee name								
	03/24/2025		Trader Joe's								
		_									
	Amount (\$)		Payee address;		State; Zip C	ode					
	\$66.84		800 S Shamro	ck Ave.							
_	- Cynanditura from										
L	Expenditure from corporate funds		Monrovia, CA	91016							
Н	PURPOSE	(a)	Category (See C	Satamarian lintad at the	top of this cohodule)	(b)	Description				
	OF	``		Donations Mad		()	_	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE			iceholder/Politi			=		, officeholder living		
							DONATIONS	3			
Н	Complete ONLY if direct		Candidate/Officel	nolder name	Office so	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/O		ourrandets, omos.		000 00	ug			55		
		_									
	Date		Payee name								
	03/24/2025		Trader Joe's								
	Amount (\$)		Payee address;	City;	State; Zip C	ode					
	\$135.63		800 S Shamro	ck Ave.							
Г	Expenditure from		Monrovia, CA	01016							
	☐ corporate funds	L				1					
	PURPOSE OF	(a)	Category (See C			(b)	Description				
	EXPENDITURE			Donations Mad			<u> </u>		ide of Texas. Com , officeholder living	plete Schedule T.	
			Candidate/Oil	iceholder/Politi	cai Committee		DONATIONS		, onicendiaer living	j experise	
							POINTHONS	,			
_						<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officel	nolder name	Office so	ught			Office h	eld	
L		1									

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gif

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
TTHER (output a colorograph and listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Printing Salarie	-	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)
	Sch: 44/59 Rpt: 58/73		Women's PAC					00082403	
4	Date	5 Payee name	e						
	03/24/2025	Trader Joe	e's						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip (Code				
	\$66.84	-	mrock Ave.	•					
	Expenditure from corporate funds	Monrovia,	CA 91016						
8	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made By			=		de of Texas. Compl	
		Candidate	Officeholder/Political (Committee		—		officeholder living e	expense
						DONATIONS	•		
Ļ									
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	ought			Office held	d
Г	Date	Payee nam							
	03/24/2025	Trader Joe	e's						
H	Amount (\$)	Payee addr	ess; City;	State; Zip (Code				
	\$135.63	•	mrock Ave.						
	,								
	Expenditure from corporate funds	Monrovia,	CA 91016						
	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made By			=		de of Texas. Compl	
		Candidate	Officeholder/Political (Committee		DONATIONS		officeholder living e	expense
						DONATIONS	,		
⊢	Complete ONLY if direct	Candidata/Ot	ficeholder name	Office				Office hel	A
	Complete ONLY if direct expenditure to benefit C/Oh		ncenoider name	Office s	Jugni			Office field	u
Г	Date	Payee nam	e						
	03/24/2025	Trader Joe							
⊢	Amount (\$)	Payee addr	ess; City;	State; Zip (Code				
	\$66.84	_	mrock Ave.	-1010, - 1p					
	Ψ00.04	000 3 3110	mock / wc.						
	Expenditure from corporate funds	Monrovia,	CA 91016						
	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Contribution	ns/Donations Made By	/		ш		de of Texas. Compl	
	LXI ENDITORE	Candidate	Officeholder/Political (Committee		_		officeholder living e	expense
						DONATIONS)		
$ldsymbol{ldsymbol{ldsymbol{eta}}}$									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office s	ought			Office hel	d
L	,								
_									

SCHEDULE F1

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 45/59 Rpt: 59/73	2 FILER NAME The Black Women's PAC 3 Filer ID (Ethics Commission Filers) 00082403
4 Date 03/24/2025	5 Payee name Trader Joe's
6 Amount (\$) \$135.63	7 Payee address; City; State; Zip Code 800 S Shamrock Ave.
Expenditure from corporate funds	Monrovia, CA 91016
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date 03/24/2025	Payee name Trader Joe's
Amount (\$) \$66.84 Expenditure from corporate funds	Payee address; City; State; Zip Code 800 S Shamrock Ave. Monrovia, CA 91016
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 03/24/2025 Amount (\$)	Payee name Trader Joe's Payee address; City; State; Zip Code
\$135.63	800 S Shamrock Ave.
Expenditure from corporate funds	Monrovia, CA 91016
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 46/59 Rpt: 60/73	The Black Women's PAC 00082403
•	
4 Date	5 Payee name
06/13/2025	USPS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$217.00	
Expenditure from corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete CAll V if direct	Candidate/Officeholder name Office county
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, , , , , , , , , , , , , , , , , , , ,	
Date	Payee name
06/13/2025	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$217.00	USPS.COM
	
Expenditure from	Washington, DC 20260
corporate funds	Washington, DC 20260
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense OVERHEAD
	OVENIEAD
Complete ONE VIII I	Condidate/Officeholder neme
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p to sonone o/of	
Date	Payee name
06/13/2025	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$217.00	USPS.COM
4211.00	
Expenditure from	Westigneyers DO 20000
corporate funds	Washington, DC 20260
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	OVERHEAD
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 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 comp	elete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 47/59 Rpt: 61/73	The Black Women's PAC	00082403
4 Date	5 Payee name	
06/13/2025	USPS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$217.00	USPS.COM	
Expenditure from		
corporate funds	Washington, DC 20260	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/13/2025	USPS	
Amount (\$)	Payee address; City; State; Zip Code	
\$217.00	USPS.COM	
Expenditure from corporate funds	Washington, DC 20260	
PURPOSE OF	, () Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/24/2025	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.92	915 E Randol Mill Rd	
Expenditure from		
corporate funds	Arlington, TX 76011	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	4	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
4 7 . 1	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 48/59 Rpt: 62/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/24/2025	Walmart
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16.92	915 E Randol Mill Rd
Ψ10.92	913 E Nandoi Willi Nu
Expenditure from	
corporate funds	Arlington, TX 76011
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	DONATIONS
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/24/2025	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$16.92	915 E Randol Mill Rd
Formanditure from	
Expenditure from corporate funds	Arlington, TX 76011
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	DONATIONS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
03/24/2025	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$16.92	915 E Randol Mill Rd
Expenditure from corporate funds	Arlington, TX 76011
·	T
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	DONATIONS
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•
, , . ,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total marine Cabadida F1.	2 Files ID (Files Commission Files)
1 Total pages Schedule F1: Sch: 49/59 Rpt: 63/73	2 FILER NAME The Black Women's PAC 3 Filer ID (Ethics Commission Filers) 00082403
4 Date	5 Payee name
03/24/2025	Walmart
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16.92	915 E Randol Mill Rd
Expenditure from corporate funds	Arlington, TX 76011
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/18/2025	Zoom.com
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$16.79	55 Almaden BL
Expenditure from	
corporate funds	San Jose, CA 95113
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OVERHEAD OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
02/18/2025	Zoom.com
Amount (\$)	Payee address; City; State; Zip Code
\$16.79	55 Almaden BL
- Francisco Co	
Expenditure from corporate funds	San Jose, CA 95113
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
	OVERTIEND
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	1

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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 50/59 Rpt: 64/73	The Black Women's PAC	00082403
4 Date	5 Payee name	
03/17/2025	Zoom.com	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$12.45	55 Almaden BL	
,··-		
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OVERHEAD
		OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnit Onice neid
Date	Payee name	
04/16/2025	Zoom.com	
Amount (\$)	Payee address; City; State; Zip Co	de
\$16.79	55 Almaden BL	
Expenditure from		
corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OVERHEAD
		OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnt Onice held
Data		
Date 05/16/2025	Payee name	
	Zoom.com	
Amount (\$)	Payee address; City; State; Zip Co	de
\$16.79	55 Almaden BL	
Expenditure from		
corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OVERHEAD
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gii. Ciliot ficiu

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 co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 51/59 Rpt: 65/73	The Black Women's PAC		00082403	
4 Date	5 Payee name		1	
06/16/2025	Zoom.com			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$16.79	55 Almaden BL			
Expenditure from corporate funds	San Jose, CA 95113			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		l outside of Texas. Com	plete Schedule T.
EXPENDITURE	'	_	n, TX, officeholder living	expense
		OVERHEAD)	
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office he	eld
Date	Payee name			
02/18/2025	Zoom.com			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$16.79	55 Almaden BL			
Expenditure from				
corporate funds	San Jose, CA 95113			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		l outside of Texas. Com	
		OVERHEAD	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> Jaht	Office he	eld
expenditure to benefit C/O		-9		
Date	Payee name			
02/18/2025	Zoom.com			
		odo		
Amount (\$) \$16.79	Payee address; City; State; Zip Co 55 Almaden BL	oue		
Ψ10.79	33 Aimaden BE			
Expenditure from	Can lace CA 05112			
corporate funds	San Jose, CA 95113	T		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	l outside of Texas. Com	nlete Schedule T
EXPENDITURE	Office Overhead/Rental Expense	ı <u>⊔</u>	in, TX, officeholder living	•
		OVERHEAD)	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office he	eld
expenditure to benefit C/O	4			

SCHEDULE F1

Advertising Expense E
Accounting/Banking F
Consulting Expense F
Contributions/ Donations Made By Candidate/Officeholder/Political Committee E

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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	nplete this fo	,	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filer	s)
Sch: 52/59 Rpt: 66/73	The Black Women's PAC		00082403	-,
4 Date	5 Payee name		•	
03/17/2025	Zoom.com			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$12.45	55 Almaden BL			
Expenditure from corporate funds	San Jose, CA 95113			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descript		
EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
		OVERH		
		0.1		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office held	
expenditure to benefit C/OI		Jiit.	Office field	
Dete				
Date	Payee name			
04/16/2025	Zoom.com			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$16.79	55 Almaden BL			
Expenditure from				
corporate funds	San Jose, CA 95113			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	ion	
OF EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE			if Austin, TX, officeholder living expense	
		OVERH	IEAD	
		_		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held	
Date	Payee name			
05/16/2025	Zoom.com			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$16.79	55 Almaden BL			
Expenditure from corporate funds	San Jose, CA 95113			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	ion	
OF	Office Overhead/Rental Expense		if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			if Austin, TX, officeholder living expense	
		OVERH	IEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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 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 Layment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 53/59 Rpt: 67/73	The Black Women's PAC	00082403
4 Date	5 Payee name	
06/16/2025	Zoom.com	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$16.79	55 Almaden BL	
·		
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office s	
expenditure to benefit C/OI		g
Date	Davida nama	
02/18/2025	Payee name Zoom.com	
Amount (\$)	Payee address; City; State; Zip	Code
\$16.79	55 Almaden BL	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORL		Check if Austin, TX, officeholder living expense
		OVERHEAD
Operation ONE Wife discont	Outside to 10 ff and all any age of the control of	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	ought Office held
<u> </u>		
Date	Payee name	
02/18/2025	Zoom.com	
Amount (\$)	Payee address; City; State; Zip	Code
\$16.79	55 Almaden BL	
- Evpanditura from		
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		OVERHEAD
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought Office held
experience to belief 6/01	·	

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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 54/59 Rpt: 68/73	The Black Women's PAC 00082403
4 Date	5 Payee name
03/17/2025	Zoom.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.45	55 Almaden BL
Expenditure from corporate funds	San Jose, CA 95113
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OVERHEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/16/2025	Zoom.com
Amount (\$)	Payee address; City; State; Zip Code
\$16.79	55 Almaden BL
Expenditure from corporate funds	San Jose, CA 95113
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y
Date	Payee name
05/16/2025	Zoom.com
Amount (\$)	
\$16.79	Payee address; City; State; Zip Code 55 Almaden BL
\$10.79	33 Aimaden BL
Expenditure from	Con Jose CA 05112
corporate funds	San Jose, CA 95113
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sutside of Taxes Complete Schedule T
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services	Salarie		s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
			The Instruction Guide	e explains how to	compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAM	ΙE				3 Filer ID	(Ethics Commission Filers)
	Sch: 55/59 Rpt: 69/73	The Black	Women's PAC				00082403	
4	Date	5 Payee nam	е					
	06/16/2025	Zoom.com	l					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code			
	\$16.79	55 Almade	en BL					
	Expenditure from corporate funds	San Jose,	CA 95113					
8	PURPOSE	(a) Category	See Categories listed at the to	on of this schedule)	(b)	Description		
	OF		rhead/Rental Exper				utside of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin,	TX, officeholder living	g expense
						OVERHEAD		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	sought		Office he	eld
	Date	Payee nam	<u> </u>					
	02/18/2025	Zoom.com						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
	\$16.79	55 Almade	•	State, Zip	Couc			
	Ψ10.79	JS Almaue	III DL					
	Expenditure from corporate funds	San Jose,	CA 95113					
	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE		rhead/Rental Exper			_	utside of Texas. Com	plete Schedule T.
	EXPENDITURE		·			Check if Austin,	TX, officeholder living	g expense
						OVERHEAD		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	sought		Office he	eld
	Date	Payee nam	e.					
	02/18/2025	Zoom.com						
				State; Zip	Codo			
	Amount (\$)	Payee addr		State; Zip	Code			
	\$16.79	55 Almade	en BL					
_	T Expenditure from							
	corporate funds	San Jose,	CA 95113					
	PURPOSE	(a) Category	See Categories listed at the to	on of this schedule)	(b)	Description		
	OF		rhead/Rental Exper		`´		utside of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin,	TX, officeholder living	g expense
						OVERHEAD		
	Complete ONLY if direct	Candidate/O	ficeholder name	Office s	ought		Office he	eld
	expenditure to benefit C/O				3 -			

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 comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 56/59 Rpt: 70/73	The Black Women's PAC	00082403
4 Date	5 Payee name	•
03/17/2025	Zoom.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$12.45	55 Almaden BL	
- Evpanditura from		
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense OVERHEAD
		OVERNEAD
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		. Office field
Date	B	
04/16/2025	Payee name Zoom.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.79	55 Almaden BL	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	·	Check if Austin, TX, officeholder living expense
		OVERHEAD
Complete ONLY if direct	Condidate/Officeholder name Office course	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	. Office field
<u> </u>		
Date 05/16/2025	Payee name	
	Zoom.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.79	55 Almaden BL	
Expenditure from		
corporate funds	San Jose, CA 95113	
PURPOSE OF	,	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OVERHEAD
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 -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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
Sch: 57/59 Rpt: 71/73	The Black Women's PAC 00082403	
4 Date	5 Payee name	
06/16/2025	Zoom.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$16.79	55 Almaden BL	
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OVERHEAD	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
02/18/2025	Zoom.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.79	55 Almaden BL	
— Formanditure from		
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	OVERHEAD	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Oi	п	
Date	Payee name	
02/18/2025	Zoom.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.79	55 Almaden BL	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	OVERHEAD	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

sement Solicitation/Fundraising Expense

(pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

abor OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 58/59 Rpt: 72/73	The Black Women's PAC	00082403
4 Date	5 Payee name	'
03/17/2025	Zoom.com	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$12.45	55 Almaden BL	
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	2poco	Check if Austin, TX, officeholder living expense
		OVERHEAD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held
experientare to benefit 6/61	'	
Date	Payee name	
04/16/2025	Zoom.com	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$16.79	55 Almaden BL	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sou	 aht Office held
expenditure to benefit C/O		gnit Onice neiu
Dete		
Date	Payee name	
05/16/2025	Zoom.com	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$16.79	55 Almaden BL	
Expenditure from		
corporate funds	San Jose, CA 95113	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OVERHEAD
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ght Office held
expenditure to benefit C/O		-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee			Expense /Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed a	above)
otal pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commis	sion Filers)
ch: 59/59 Rpt: 73/73		Vomen's PAC			00082403	
ate	5 Payee name					
6/16/2025	Zoom.com					
mount (\$)	7 Payee addres	ss; City;	State; Zip C	Code		
\$16.79	55 Almaden	ı BL				
Expenditure from corporate funds	San Jose, C	CA 95113				
PURPOSE	(a) Category (Se	ee Categories listed at the to	top of this schedule)	(b) Description		
	Office Overl	head/Rental Exper	nse	I <u>—</u>		
				OVERHEAL	J	
				1		
omplete <u>ONLY</u> if direct xpenditure to benefit C/OF	Candidate/Offi	ceholder name	Office so	ought	Office held	
i i i i	ch: 59/59 Rpt: 73/73 ate 6/16/2025 mount (\$) \$16.79 Expenditure from corporate funds PURPOSE OF EXPENDITURE	tal pages Schedule F1: 2 FILER NAME The Black V ate 5/16/2025 5 Payee name Zoom.com 7 Payee addres 55 Almaden Expenditure from corporate funds San Jose, C PURPOSE OF EXPENDITURE (a) Category (Se Office Overl	tal pages Schedule F1: 2 FILER NAME The Black Women's PAC ate 5/16/2025 5 Payee name Zoom.com 7 Payee address; City; 55 Almaden BL Expenditure from corporate funds San Jose, CA 95113 PURPOSE OF CEXPENDITURE (a) Category (See Categories listed at the Office Overhead/Rental Expenditure for O	tal pages Schedule F1: 2 FILER NAME The Black Women's PAC Sate Zoom.com 7 Payee address; City; State; Zip Composition of the state of the schedule of the schedu	The Black Women's PAC ate 5 Payee name Zoom.com Tount (\$) 7 Payee address; City; State; Zip Code 55 Almaden BL Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought The Black Women's PAC (b) Description Check if travely Check if travely Check if travely Check if Aus OVERHEAD OVERHEAD OTHER OF CANDITURE Candidate/Officeholder name Office sought	State Stat