

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085102	2 Total pages filed: 12	
3 COMMITTEE NAME Black American Futures			<b>OFFICE USE ONLY</b>	
			Date Received ELECTRONICALLY FILED 01/14/2026	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address			ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 923 Bison Trail  Dallas, TX 75208	
5 CAMPAIGN TREASURER NAME			MS / MRS / MR FIRST MI Mr. Marquis  NICKNAME LAST SUFFIX Hawkins	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 123 E. Woodin Blvd.  Dallas, TX 75216	
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address			STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 123 E. Woodin Blvd.  Dallas, TX 75216	
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION (214) 766-3138	
9 REPORT TYPE			<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED			Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025	
11 ELECTION			ELECTION DATE Month Day Year  ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Black American Futures		<b>13 Filer ID</b> (Ethics Commission Filers) 00085102
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 910.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,643.70
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Marquis Hawkins

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 12

<b>17 COMMITTEE NAME</b> Black American Futures		<b>18 Filer ID</b> (Ethics Commission Filers) 00085102
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 910.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 667.55
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/12
<b>2</b> FILER NAME Black American Futures		<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, John (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75208	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75208	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Harold (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75237	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) CoSpero consulting
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Harold (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75237	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) CoSpero consulting
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Harold (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75237	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) CoSpero consulting

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/12
<b>2</b> FILER NAME Black American Futures		<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Harold (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75237	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Founder		<b>9</b> Employer (See Instructions) CoSpero consulting
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Harold (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75237	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) CoSpero consulting
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
<b>2</b> FILER NAME Black American Futures		<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self-Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/6 Rpt: 7/12	<b>2</b> FILER NAME Black American Futures	<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 07/01/2025	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) 16.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fee
Date 07/15/2025	Payee name Bank of America	
Amount (\$) 15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fee
Date 08/01/2025	Payee name Bank of America	
Amount (\$) 16.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fee
Date 09/01/2025	Payee name Bank of America	
Amount (\$) 16.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/6 Rpt: 8/12	<b>2</b> FILER NAME Black American Futures	<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 10/01/2025	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) 16.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fee
Date 11/03/2025	Payee name Bank of America	
Amount (\$) 16.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Banking Fee
Date 12/01/2025	Payee name Bank of America	
Amount (\$) 16.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Banking Fee
Date 12/01/2025	Payee name Bank of America	
Amount (\$) 15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 North Tryon Street  Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Banking Fee



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/6 Rpt: 9/12	<b>2</b> FILER NAME Black American Futures	<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 08/01/2025	<b>5</b> Payee name GoDaddy.com	
<b>6</b> Amount (\$) 101.06 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2150 E Warner Rd Tempe, AZ 85233	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Website
Date 07/09/2025	Payee name Stripe	
Amount (\$) 0.79 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee
Date 08/07/2025	Payee name Stripe	
Amount (\$) 0.79 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee
Date 09/09/2025	Payee name Stripe	
Amount (\$) 0.79 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 4/6 Rpt:	<b>2</b> FILER NAME Black American Futures	<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 10/08/2025	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) 0.79 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee
Date 11/07/2025	Payee name Stripe	
Amount (\$) 0.79 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee
Date 12/09/2025	Payee name Stripe	
Amount (\$) 0.79 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee
Date 12/18/2025	Payee name Stripe	
Amount (\$) 2.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Processing Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/6 Rpt:	2 FILER NAME Black American Futures	3 Filer ID (Ethics Commission Filers) 00085102
4 Date 11/19/2025	5 Payee name Stripe	
6 Amount (\$) 2.75 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 10/20/2025	Payee name Stripe	
Amount (\$) 2.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 08/20/2025	Payee name Stripe	
Amount (\$) 2.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee
Date 07/18/2025	Payee name Stripe	
Amount (\$) 2.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Boulevard  South San Francisco, CA 94080	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Processing Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 6/6 Rpt:	<b>2</b> FILER NAME Black American Futures	<b>3</b> Filer ID (Ethics Commission Filers) 00085102
<b>4</b> Date 12/17/2025	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) 134.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 475 L'Enfant Plaza SW Washington, DC 20260	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) P.O. Box
Date 12/01/2025	Payee name Venngage Inc	
Amount (\$) 288.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 128A Sterling Rd Suite 300 Toronto Ontario M6R2B7 Canada	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Graphic Design