

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Black American Futures		13 Filer ID (Ethics Commission Filers) 00085102
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,240.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 61.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,047.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Ryan L. Mitchell
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

17 COMMITTEE NAME Black American Futures	18 Filer ID (Ethics Commission Filers) 00085102
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,240.00
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 61.16
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 type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/9
2 FILER NAME Black American Futures		3 Filer ID (Ethics Commission Filers) 00085102
4 Date 07/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Marie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 2500 Bennett Ave Dallas, TX 75206	
8 Principal occupation / Job title (See Instructions) Campaigns Director		9 Employer (See Instructions) Dallas Kids First
Date 07/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Malik (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 20 Peter Ave San Francisco, CA 94110	
Principal occupation / Job title (See Instructions) Patient Care Lead		Employer (See Instructions) Qcare Plus
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Malik (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 20 Peter Ave San Francisco, CA 94110	
Principal occupation / Job title (See Instructions) Patient Care Lead		Employer (See Instructions) Qcare Plus
Date 07/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEachron, Calvin (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075	
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Andela
Date 08/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEachron, Calvin (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075	
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Andela

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/9
2 FILER NAME Black American Futures		3 Filer ID (Ethics Commission Filers) 00085102
4 Date 09/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEachron, Calvin (Mr.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075		
8 Principal occupation / Job title (See Instructions) Software		9 Employer (See Instructions) Andela
Date 10/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEachron, Calvin (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075		
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Andela
Date 11/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEachron, Calvin (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075		
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Andela
Date 12/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEachron, Calvin (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code P.O. Box 1521 Delran, NJ 08075		
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) Andela
Date 07/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shirlee (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/9
2 FILER NAME Black American Futures		3 Filer ID (Ethics Commission Filers) 00085102
4 Date 08/05/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shirlee (Mrs.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self Employed
Date 09/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shirlee (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 10/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shirlee (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 11/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shirlee (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 12/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shirlee (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 441, East 20th New York, NY 10010		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/9
2 FILER NAME Black American Futures		3 Filer ID (Ethics Commission Filers) 00085102
4 Date 07/05/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 1500 Pecos Street Apt 4 Dallas, GA 30127		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 08/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code 1500 Pecos Street Apt 4 Dallas, GA 30127		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code 1500 Pecos Street Apt 4 Dallas, GA 30127		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code 1500 Pecos Street Apt 4 Dallas, GA 30127		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code 1500 Pecos Street Apt 4 Dallas, GA 30127		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/9
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2 FILER NAME Black American Futures	3 Filer ID (Ethics Commission Filers) 00085102
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4 Date 12/05/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony, Bryan (Mr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 1500 Pecos Street Apt 4 Dallas, GA 30127		

8 Principal occupation / Job title (See Instructions) Consultant	9 Employer (See Instructions) Self Employed
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Date 07/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vartikar, Adam (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 16 Ellery Square Cambridge, MA 02138		

Principal occupation / Job title (See Instructions) CEO	Employer (See Instructions) PatientPal, Inc
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/9	2 FILER NAME Black American Futures	3 Filer ID (Ethics Commission Filers) 00085102
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4 Date 12/31/2021	5 Payee name Donor Box
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6 Amount (\$) \$42.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5 3rd Suite 900 San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Box Processing Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2021	Payee name Donor Box
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Amount (\$) \$18.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5 3rd Suite 900 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Box transaction fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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