SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gui	2 Total pages filed: 12			
3 COMMITTEE NAME	The state of the s	OFFICE USE ONLY		
Vote Yes for I	Rockwall ISD	Date Received		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	2		
Change of Address	709B W Rusk St #866 Rockwall TX 75087	OCT 27 2025 JCM Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI Rachel	Receipt # Amount \$		
NAME	NICKNAME LAST SUFFIX	Date Processed		
	Boelens	Date Imaged		
6 CAMPAIGN TREASURER STREETADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE		
(Healderide of Bushless)		*		
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	TO9B W Rusk St #866 Rockwall TX 75087	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
9 REPORT TYPE	January 15 30th day before election July 15 X 8th day before election Runoff	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR) 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year	Month Day Year		
	9 / 26 / 2025 THROUGH	10 / 25 / 2025		
11 ELECTION	ELECTION DATE ELECTION TYPE			
	11 / 04 / 2025	ther Description————————————————————————————————————		
GO TO PAGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Vote Yes fo	r Roc	kwall ISD		13 File	er ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) X SUPPORT (Candidate or Measure) OPPOSE (Candidate or Measure) ASSIST (Officeholder)		CANDIDATE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)			
		OFFICEHOLDER				
		X MEASURE	Rockwall ISD Proposition A			
			DESCRIPTION ROCKWALL ISD VATRE	/		
15 CONTRIBUTION TOTALS	그렇게 그렇게 맛있다면 그런 어린 내가 되었다. 그런			\$ 0		
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS SES, LOANS, OR GUARANTEES OF LOANS)		\$ 7,950.00	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES		\$ 309.90	
1077.20	4.	TOTAL POLITICAL EXPENDITURES			\$ 54,938.17	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY	\$ 16,619.12	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE	\$ 0	
	16 SIGNATURE 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.					
		• 50 · •	Raener Boll	en	_	
TANYA R. MUR Notary Public, State of Comm. Expires March Notary ID 131061	f Texas 28, 2029	Please c	Signature of Campaigr	Treasur	er (Declarant)	
Sworn to and subscrib	oed be	efore me, by the said _	Rachel Boelens		, this the 27^{th}	
day of <u>October</u> , 20 25, to certify which, witness my hand and seal of office.						
Signature of officer administering oath Printed name of officer administering oath OR Title of officer administering oath						
(2) Unsworn Declaration						
My name is	Harris		, and my date of birth is _			
Executed in		(street) County, State of	(city), on the day of(mon	(sta	te) (zip code)(country) , 20 (year)	
			Signature of Car	mpaign T	reasurer (Declarant)	

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	· ·		ımission Filers)	
Vote Yes for Rockwall ISD				
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 450.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	·	\$	
4.	X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$ 7,500.00	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORFORM ORGANIZATION	PORATION OR LABOR	\$	
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	ORGANIZATION	\$	
7.	SCHEDULE E: LOANS		\$	
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 54,628.27	
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2	FILER NAME Vote Yes	for Rockwall ISD	3 Filer ID (Ethics Commission File	ers)
4	Date 10/1/2025	5 Full name of contributor	\$50.00	
		.		
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	
	Date 10/2/2025	Full name of contributor	Amount of contribution (\$)	
	10/2/2025	Contributor address; City; State; Zip o	\$250.00 Code	
	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	
Americano	Date	Full name of contributor	Amount of contribution (\$)	
	10/9/2025	Contributor address; City; State; Zip 0	\$100.00	
	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	10/10/2025	Contributor address; City; State; Zip C	\$50.00	
	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	
	riferiore i se a Maria a cardiore i i i i i i i i i i i i i i i i i i i		anti anti in companya di manana di manan	
		ATTACH A DDITION CONTROL TO CONTR		***************************************
		ATTACH ADDITIONAL COPIES OF THIS SCHEI If contributor is out-of-state PAC, please see Instruction guide for		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1: 1		
2 FILER NAM Vote	ME Yes for Rockwall ISD	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)		
9/30/2025	Z Constructors Nationwide	er 000 00		
	6 Corporation / Labor Organization address; City; State; Zip Code	\$5,000.00		
Date	Corporation / Labor Organization name	Amount of contribution (\$)		
10/1/2025	Glenn Partners	\$2,500.00		
	Corporation / Labor Organization address; City; State; Zip Code			
Date	Corporation / Labor Organization name	Amount of contribution (\$)		
	Corporation / Labor Organization address; City; State; Zip Code			
Date	Corporation / Labor Organization name	Amount of contribution (\$)		
	Corporation / Labor Organization address; City; State; Zip Code			
Date	Corporation / Labor Organization name	Amount of contribution (\$)		
	Corporation / Labor Organization address; City; State; Zip Code			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	,	Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 7	2 FILER NAME Vote Yes for Rockwall ISD		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/2025	5 Payee name Rockhopper Apparel and Designs		·
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,677.88	Rockwall TX 750	987	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	T-shirts	
	(C) Check if travel outside of Texas. Complete So	chedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
. 10/1/2025	Lowe's Home Center LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
\$215.85	Rockwall TX	75032	
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	T-Posts for sig	gns
	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	itin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/30/2025	Keeper's Press		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,317.94	Heath TX 75032		
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs	
	Check if travel outside of Texas, Complete So	chedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services 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) 2 of 7 Vote Yes for Rockwall ISD 4 Date 5 Payee name 10/6/2025 Keeper's Press 6 Amount (\$) 7 Payee address; City; State; Zip Code Heath TX 75032 \$757.75 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Yard Signs Printing Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Minuteman Press Rockwall 10/7/2025 Amount (\$) City; State; Zip Code Pavee address: Rockwall TX 75087 \$595.60 Category (See Categories listed at the top of this schedule) Description PURPOSE **Flyers** Printing Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 10/8/2025 Minuteman Press Rockwall Amount (\$) Payee address; City; Zip Code State: Rockwall TX 75087 \$16,667.47 Category (See Categories listed at the top of this schedule) Description PURPOSE Printing Expense Printing and mail service for mailers OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) 3 of 7 Vote Yes for Rockwall ISD 4 Date 5 Payee name 10/2/2025 Raconteur Media Company 6 Amount (\$) 7 Payee address; City; State; Zip Code Austin TX 78755 \$9,450.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Advertising Expense Billboard and Text Message Ads OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/9/2025 Minuteman Press Rockwall City; Amount (\$) Payee address; State; Zip Code Rockwall TX 75087 \$4,765.52 Category (See Categories listed at the top of this schedule) Description PURPOSE Printing and mail service for mailers **Printing Expense** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date 10/10/225 Blue Ribbon News Amount (\$) Payee address; City; State; Zip Code Rockwall TX 75087 \$1,250.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Full Page Ad OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 of 7 Vote Yes for Rockwall ISD 4 Date 5 Payee name 10/9/2025 Keeper's Press 6 Amount (\$) 7 Payee address; City; State: Zip Code Heath TX 75032 \$2,489.75 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Yard Signs PURPOSE Printing Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date 10/9/2025 Qball Design Amount (\$) City; State; Zip Code Payee address; Rockwall TX 75087 \$2,381.50 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Ad Design OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Keeper's Press 10/12/2025 Amount (\$) Payee address; City; Zip Code State: \$378.88 Heath TX 75032 Category (See Categories listed at the top of this schedule) Description PURPOSE Road Signs Printing Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	*	Food/Beverage Expense GltVAwards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1: 5 of 7	2 FILER N	AME e Yes for Rockwall ISD			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/12/2025	5 Payee na Keepe	ame er's Press				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$595.38		Heat	n TX 7503	32		
8	(a) Catego	ry (See Categories listed at the top of the	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printi	ng Expense		Road Signs		
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/16/2025	Lowe'	s Home Center LLC				
Amount (\$)	Payee a	ddress;	,	City;	State;	Zip Code
\$431.38		R	ockwall T	X 75032		
	Categor	(See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	rtising Expense		Tposts for R	toad Signs	
		Check if travel outside of Texas, Complete	e Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/20/2025	Chic	k-fil-A				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$253.31		Rockw	all TX 750	087		
	Category	(See Categories listed at the top of thi	s schedule)	Description	A 1.1 100MM-100	
PURPOSE OF EXPENDITURE	Food	Beverage Expense		Food for Bl	ockwalkers	
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 6 of 7 Vote Ye 3 Filer ID (Ethics Commission Filers) Vote Yes for Rockwall ISD 4 Date 5 Payee name 10/17/2025 Minuteman Press Rockwall 6 Amount (\$) 7 Payee address; City; State; Zip Code Rockwall TX 75087 \$6,513.88 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Printing and mail service for mailers PURPOSE Printing Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date Ecanvasser 10/20/2025 City; Amount (\$) Payee address; State: Zip Code Dublin Ireland \$988.64 Description Category (See Categories listed at the top of this schedule) PURPOSE **Block Canvassing Software** Other OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/24/2025 Minuteman Press Amount (\$) Payee address; City; State; Zip Code Rockwall TX 75087 \$462.14 Category (See Categories listed at the top of this schedule) Description PURPOSE Printing Expense Flyers **EXPENDITURE**

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Memonals 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 (extensions not listed phone)

Candidate/Officeholder/Politica Credit Card Payment	Legal Services Salanes/V The Instruction Guide explains how to 0	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2025	5 Payee name Paramount Ads		
6 Amount (\$) \$3,000.00	7 Payee address; New York NT 100	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description TV Ads	in TV efficients
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held
Date 10/24/2025	Payee name Meredith Joyce		
Amount (\$) \$435.40	Payee address; Rockwall	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Reimburser	ment for car polish supplies
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED