SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	The SPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 37					
3 COMMITTEE NAME Vote Yes for Ro	3 COMMITTEE NAME Vote Yes for Rockwall ISD					
4 COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 709B W Rusk St #866 Rockwall TX 75087	Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rachel NICKNAME LAST SUFFIX Boelens	Receipt # Amount \$ Date Processed Date Imaged				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE				
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: 709B W Rusk St #866 Rockwall TX 75087	ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION					
9 REPORTTYPE	January 15 July 15 Sth 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 8 / 19 / 2025 THROUGH	Month Day Year 9 / 25 / 2025				
11 ELECTION	11 / 04 / 2025	ther Pescription				
GO TO PAGE 2						

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Vote Yes for Rockwall ISD				13 File	er ID (Ethics Commission Filers)		
14 COMMITTEE PURPOSE (Attach lists on plain pape		CANDIDATE	CANDIDATE/OFFICEHOLDER NAME				
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICEHOLDER				
(Candidate or Measur OPPOSE (Candidate or Measur)		X MEASURE	Rockwall ISD Proposition A	nth Da	ON DATE ay Year 4 2025		
ASSIST (Officeholder)		X MEASURE	Rockwall ISD VATRE				
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)		\$ 0		
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)		\$ 88,118.00		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES		\$ 385.64		
	4.	TOTAL POLITICAL EXPENDITURES			\$ 22,610.71		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY	\$ 62,507.29		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE	\$ 0		
			nalty of perjury, that the accompanying red to be reported by me under Title 15				
Notary Public	TANYA R. MURPHY Notary Public, State of Texas Notary ID 131061802 Notary ID 131061802						
Sworn to and subscrib	ed be	fore me, by the said	Rachel Boelens		, this the 6^{H}		
Hanna RM	_, 20 .	25 , to certify whi	ich, witness my hand and seal of office. Wa R Murphy	H	dmia. Asst		
Signature of officer admi	inisterir	ng bath Printed n	name of officer administering oath	Title	of officer administering oath		
(2) Unsworn Declarati	on	注意。例如 等 数24。	OR		"但是是是是是是是		
			, and my date of birth is				
My address is					5 2		
(street) (city) (state) (zip code)(country) Executed in County, State of , on the day of							
			Signature of Cam	npaign Tr	reasurer (Declarant)		

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 V	17 COMMITTEENAME 18 Filer ID (Ethics Corr Vote Yes for Rockwall ISD			
<u> </u>	ote 100 for Received for			
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 51,418.00	
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,273.25	
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 5,000.00	
4.	X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR	LABOR ORGANIZATION	\$ 43,200.00	
5.	X SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COLORGANIZATION	RPORATION OR LABOR	\$ 1,100.00	
6.	X SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LAB	OR ORGANIZATION	\$ 1,500.00	
7.	SCHEDULE E: LOANS		\$	
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 25,225.07	
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 C	CONTRIBUTIONS	\$	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	

SCHEDULE A1

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

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 1 of 17
2 FILER NAME Vote Yes	for Rockwall ISD	,	$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	Meredith and Ryan Joyce	AC (ID#:)	7 Amount of contribution (\$)
8/19/2025	6 Contributor address; City;	State; Zip Code	\$10,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date ·	Full name of contributor ut-of-state PA	AG (ID#:)	Amount of contribution (\$)
8/21/2025	Contributor address; City;	State; Zip Code	\$25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of contributor ut-of-state PA Jeffrey R. Chandler	AC (ID#:)	Amount of contribution (\$)
8/22/2025	Contributor address; City;	State; Zip Code	\$250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Adrienne Weber	VC (ID#:)	Amount of contribution (\$)
8/23/2025	Contributor address; City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

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SCHEDULE A1

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

	The	Instruction Guide explains how	form.	1 Total pages Schedule A1: 2 of 17	
2	FILER NAME Vote Y	es for Rockwall ISD			3 Filer ID (Ethics Commission Filers) N/A
4	Date	5 Full name of contributor Gayle Bennet	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	8/25/2025	6 Contributor address;	City; Rowlett T	State; Zip Code	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor Stephen Mayfield	out-of-state PAC	(ID#:)	Amount of contribution (\$)
8	3/25/2025	· •	City; Heath TX	State; Zip Code	\$250.00
F	Principal occup	action / Job title (See Instructions)	Treatil 17	Employer (See Instruc	tions)
	Date	Full name of contributor Kristie Graves	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	8/25/2025	Contributor address;	City;	State; Zip Code TX 75087	\$30.00
F	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor Noelle Fontes	out-of-state PAC	(ID#)	Amount of contribution (\$)
8	8/25/2025	Contributor address;	City; Heath TX	State: Zip Code	\$2,000.00
F	Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 of 17		
2 FILER NAME Vote Yes	s for Rockwall ISD	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
4 Date 8/25/2025	5 Full name of contributor □ out-of-state PAC ⟨ID#:□ Collin Zacek 6 Contributor address; City; State; Zip Code Rockwall TX 75087	7 Amount of contribution (\$) \$25.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)		
Date	Full name of contributor	Amount of contribution (\$)		
8/25/2025	Contributor address; City; State; Zip Code Rockwall TX 75032	\$100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)		
Date	Full name of contributor	Amount of contribution (\$)		
8/26/2025	Contributor address; City; State; Zip Code Fate TX 75087	\$100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)		
Date	Full name of contributor out-of-state PAC (ID#: Kimberly Kiernan	Amount of contribution (\$)		
8/26/2025	Contributor address; City; State; Zip Code Rockwall TX 75087	\$25.00		
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)		

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 17
Vote Yes	s for Rockwall ISD		$\begin{array}{c} \textbf{3} \text{Filer ID} \text{(Ethics Commission Filers)} \\ N/A \end{array}$
Date	Nicole Smith	(ID#:)	7 Amount of contribution (\$)
8/26/2025	6 Contributor address; City; Heath TX	State; Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/29/2025	Contributor address; City;	State; Zip Code	\$5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ins)
Date	Leigh Rappaport	(ID#:)	Amount of contribution (\$)
8/29/2025	Contributor address; City; Rockwall	State; Zip Code	\$18.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC Dwayne Cain	(ID#:)	Amount of contribution (\$)
8/29/2025	Contributor address; City; Rockwall TX 7:	State; Zip Code	\$1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)

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: 5 of 17	
2 FILER NAME Vote Yes	for Rockwall ISD			$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$	
4 Date	5 Full name of contributor Leslie Bailey	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
09/02/2025	6 Contributor address;	city; Rockwall T	State; Zip Code	\$25.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor William Johnson	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
8/29/2025	Contributor address;	city; Heath TX	State; Zip Code	\$1,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)	
Date	Full name of contributor Frank Fisher	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
9/4/2025 \$50.00 Contributor address; City; State; Zip Code Rockwall TX 75032				\$50.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor Blair Bell	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
9/6/2025		City; Heath TX	State; Zip Code 75032	\$50.00	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6 of 17
2 FILER NAME Vote Yes	s for Rockwall ISD	3 Filer ID (Ethics Commission Filers) N/A
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
9/6/2025	Tony Fierro 6 Contributor address; City; State; Zip	\$1,000.00
	Heath TX 75032	
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
9/6/2025	Jayson Killough Contributor address; City; State; Zip Heath TX 75032	\$250.00 Code
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9/6/2025	Joshua Moran Contributor address; City; State; Zip Heath TX 75032	\$1,500.00 Code
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
9/6/2025	Lisa Winegeart Contributor address; City; State; Zip Rockwall TX 75087	\$25.00 Code
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 7 of 17
2 FILER NAME Vote Yes	for Rockwall ISD			$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	5 Full name of contributor Billy G & Julie Burton	ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
9/5/2025	6 Contributor address;	City; McKinney	State; Zip Code	\$2,500.00
8 Principal occu	pation / Job title (See Instructions)	,	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
00/07/2025	Kelli Harter			
09/07/2025	Contributor address;	City;	State; Zip Code	\$100.00
		Forney TX	X 75126	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor John Wilson	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/7/2025	Contributor address;	City; Heath Tx 7	State; Zip Code	\$500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Jared Granberry	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
9/7/2025	Contributor address;	City;	State; Zip Code all TX 75032	\$1,500.00
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	tions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8 of 17			
2 FILER NAME Vote Yes	s for Rockwall ISD	3 Filer ID (Ethics Commission Filers) N/A			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
9/7/2025	6 Contributor address; City; State; Zip Code Heath TX 75032	\$500.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)			
Date	Full name of contributor	Amount of contribution (\$)			
9/7/2025	Contributor address; City; State; Zip Code Heath TX 75032	\$2,000.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor	Amount of contribution (\$)			
9/7/2025	Richard Dennard Contributor address; City; State; Zip Code Heath TX 75032	\$1,500.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)			
Date	Full name of contributor out-of-state_PAC (ID#:) Jeff Anderson	Amount of contribution (\$)			
9/7/2025	Contributor address; City; State; Zip Code Heath TX 75032	\$500.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

The	Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1: 9 of 17		
2 FILER NAME Vote Ye	: s for Rockwall ISD		$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$		
4 Date 5 Full name of contributor out-of-state PAC (ID#:) John Mahaffey			7 Amount of contribution (\$)		
9/7/2025	6 Contributor address; City;	State; Zip Code t Vernon TX 75032	\$750.00		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)		
9/7/2025	Contributor address; City; Heath TX	State; Zip Code 75032	\$1,500.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
9/7/2025	Contributor address; City; Heath TX 7512	State; Zip Code	\$500.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
9/7/202	Contributor address: City; Heath TX 756	State; Zip Code	\$1,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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SCHEDULE A1

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The	Instruction Guide explains how	w to complete this	form.	1 Total pages Schedule A1: 10 of 17
2 FILER NAME Vote Ye	s for Rockwall ISD			$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	5 Full name of contributor Myles Hunter		; (ID#:)	7 Amount of contribution (\$)
9/8/2025	6 Contributor address;	сну; Heath TX 751	State; Zip Code	\$1,000.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor Michael Rentz	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/8/2025	Contributor address;	city; Rockwall TX 75	State; Zip Code	\$1,000.00
Principal occup	Dation / Job title (See Instructions)	-	Employer (See Instruct	ions)
Date	Full name of contributor Johnny Moss	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/8/2025	Contributor address;	city; Heath TX 75	State; Zip Code	\$1,000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	lions)
Date	Full name of contributor Rodney Holland	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/8/2025	Contributor address;	city; Rockwall	State; Zip Code TX 75032	\$250.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
				-
	ATTACH ADDI		OF THIS SCHEDULE AS Nuction guide for additional r	

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: 11 of 17
2 FILER NAME Vote Yes	for Rockwall ISD		$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	Donald Watts		
9/8/2025	6 Contributor address; City; State Dallas TX 75374		\$1,000.00
8 Principal occu	pation / Job title (See Instructions) 9 En	nployer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9/8/2025	Contributor address; City; State Heath TX 75126		\$500.00
Principal occup	pation / Job title (See Instructions)	nployer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#: Dori Brown		Amount of contribution (\$)
9/8/2025	Contributor address; City; State Rockwall TX 75032	; Zip Code	\$20.00
Principal occup	eation / Job title (See Instructions)	nployer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9/9/2025	Kris Sharp Contributor address; City; State Rockwall TX 750	e; Zip Code	\$1,000.00
Principal occup	eation / Job title (See Instructions)	nployer (See Instruction	ons)
3 3 3 3 3			
and the state of t	ATTACH ADDITIONAL COPIES OF THIS		

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SCHEDULE A1

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		(· · · · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 12 of 17
2 FILER NAME Vote Yes	s for Rockwall ISD		$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of contribution (\$)
9/12/2025	6 Contributor address; City; Rockwall TX 750	State; Zip Code	\$250.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC ([ID#:)	Amount of contribution (\$)
9/13/2025	Contributor address; City; Heath TX 75032	State; Zip Code	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/14/2025	Contributor address; City; Rockwall TX 7	State; Zip Code	\$300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor]D#:)	Amount of contribution (\$)
9/14/2025	Contributor address; City; Rockwall TX 7	State; Zip Code	\$750.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete this	form.	1 Total pages Schedule A1: 13 of 17
2 FILER NAME Vote Yes	for Rockwall ISD			3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/14/2025	Full name of contributor Amanda Hefner Contributor address;	□ out-of-state PAG City; Rockwall T2	State; Zip Code	7 Amount of contribution (\$) \$1,000.00
8 Principal occu	pation / Job title (See Instructions	S)	9 Employer (See Instruc	ctions)
Date	Full name of contributor Sedric Thomas	out-of-state PA	G (ID#:)	Amount of contribution (\$)
9/14/2025	Contributor address;	city; Rockwall TX	State; Zip Code	\$750.00
Principal occup	pation / Job title (See Instructions		Employer (See Instruc	tions)
Date	Full name of contributor Kayne Pierce	out-of-state PAG	(ID#:)	Amount of contribution (\$)
9/14/2025	Contributor address;	city; Rockwall T	State; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions		Employer (See Instruc	tions)
Date	Full name of contributor Leslie Pierce	Out-of-state PAC	; (ID#:)	Amount of contribution (\$)
9/14/2025	Contributor address;	City; Rockwall TX 7	State; Zip Code	\$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	itions)
	ATTACH ADD		OF THIS SCHEDULE AS N	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14 of 17
2 FILER NAME Vote Yes	s for Rockwall ISD	$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Kevin Kurt Nielsen	7 Amount of contribution (\$)
9/15/2025	6 Contributor address; City; State; Zip Code Rockwall TX 75087	\$100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
9/15/2025	Contributor address; City; State; Zip Code Heath TX 75032	\$300.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/15/2025	Jimmie Dale Contributor address; City; State; Zip Code Heath TX 75032	\$1,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributorout-of-state PAC (ID#:) Marcus McKee	Amount of contribution (\$)
9/15/2025	Contributor address; City; State; Zip Code Rockwall TX 75087	\$200.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
	-	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	n.	1 Total pages Schedule A1: 15 of 17
2 FILER NAME Vote Ye	s for Rockwall ISD		$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Lacy Deckard		7 Amount of contribution (\$)
9/15/2025	6 Contributor address; City; St. Rockwall TX 2	ate; Zip Code	\$750.00
8 Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
9/15/2025	Contributor address; City; St Rockwall TX 75087	ate; Zip Code	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
9/17/2025		ate; Zip Code	\$250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9/19/2025	Contributor address; City; St. Heath TX 75032	ate; Zip Code	\$150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
-	ATTACH ADDITIONAL COPIES OF TH		

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: 16 of 17
2 FILER NAME Vote Yes	s for Rockwall ISD		$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	Shelly Spearman	(ID#:)	7 Amount of contribution (\$)
9/21/2025	6 Contributor address; City; Rockwall TX 750	State; Zip Code	\$50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/21/2025	Contributor address; City; Rockwall TX 7	State; Zip Code	\$20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/24/2025	Contributor address; City; Rockwall TX 7	State; Zip Code	\$250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Kristine Anderson	(ID#:)	Amount of contribution (\$)
9/25/2025	Contributor address; City; Rockwall TX 75	State; Zip Code	\$50.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
	:		
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Forms provided by Texas Ethics Commission

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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: 17 of 17
2 FILER NAME Vote Yes	s for Rockwall ISD		$\begin{array}{ccc} \textbf{3} & \text{Filer ID} & \text{(Ethics Commission Filers)} \\ & N/A \end{array}$
4 Date	Agron Dika	(ID#:)	7 Amount of contribution (\$)
9/25/2025	6 Contributor address; City; Heath TX 75	State; Zip Code	\$500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/25/2025	Contributor address; City;	State; Zip Code	\$1,000.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	Hone)
1 moipai occup	sation 7 500 title (See Histractions)	Employer (See Instruct	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/16/2025	Contributor address; City; Heath TX 7512	State; Zip Code	\$5,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
and the second second	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			•
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 1 of 1
2 FILER NAMI	e te Yes For Rockwall ISD	73	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2,273.25
5 Date 8/28/2025 10 Principal occ	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	8 Amount of 9 In-kind contribution description Hats \$2,273.25 Check if travel outside of Texas. Complete Schedule Ter (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ I description I I I Check if travel outside of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ŀ	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instructi		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

			N-	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sched 1 of 1	ule B:
2 FILER NAME Vote Yes f	or Rockwall ISD		3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$ 0	
5 Date 9/16/2025	6 Full name of pledgor out-of-state PAC (ID#: Matt Zahm 7 Pledgor address; City; Sta Heath TX 75126	ate; Zip Code	of Pledge \$ \$5,000.00	9 In-kind contribution description I I I I I I I I I I I I I I I I I I
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code	Check if travel outsi	i i i ide of Texas, Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	Pledgor address; City; Sta	ate; Zip Code Employer (See	Landing to the second second second	de of Texas. Complete Schedule T.
Principal occu			Landing to the second second second	de of Texas. Complete Schedule T. In-kind contribution description
	pation / Job title (See Instructions)	Employer (See	Amount of Pledge \$	In-kind contribution
Date	pation / Job title (See Instructions) Full name of pledgor out-of-state PAC (ID#:	Employer (See	Amount of Pledge \$	In-kind contribution description
Date	pation / Job title (See Instructions) Full name of pledgor	Employer (See	Amount of Pledge \$	In-kind contribution description

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 of 3
2 FILER NAME Vote Yes for Rockwall ISD	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
4 Date 5 Corporation / Labor Organization name Elite Landscape Inc	7 Amount of contribution (\$)
8/21/2025 6 Corporation / Labor Organization address; City; State; Zip Code Frisco TX 75034	\$1,500.00
Date Corporation / Labor Organization name	Amount of contribution (\$)
Chris Harp Construction LLC Corporation / Labor Organization address; City; State; Zip Code	\$2,500.00
Nevada TX 75173 Date Corporation / Labor Organization name	Amount of contribution (\$)
Terra Manna LLC 9/2/2025 Corporation / Labor Organization address; City; State; Zip Code Dallas TX 75209	\$10,000.00
Date Corporation / Labor Organization name	Amount of contribution (\$)
Johnson Volk Consulting 8/25/2025 Corporation / Labor Organization address; City; State; Zip Code Plano TX 75074	\$2,000.00
Date Corporation / Labor Organization name	Amount of contribution (\$)
9/11/2025 Hanby Insurance LLC	\$1,500.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2 of 3
Vote Ye	ME es for Rockwall ISD	$\begin{array}{ccc} \textbf{3} & \text{Filer ID (Ethics Commission Filers)} \\ & N/A \end{array}$
Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
9/12/2025	Luisa N Rios DDS MD PLLC 6 Corporation / Labor Organization address; City; State; Zip Code Rockwall TX 75032	\$200.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/14/2025	Highview Homes LLC Corporation / Labor Organization address; City; State; Zip Code Rockwall TX 75087	\$500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/16/2025	Satterfield & Pontikes Construction Inc. Corporation / Labor Organization address; City; State; Zip Code Houston TX 77041	\$2,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/12/2025	Joeris General Contractors LLC Corporation / Labor Organization address; City; State; Zip Code San Antonio TX 78216	\$5,000.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
/18/2025	Northstar Builders Group Corporation / Labor Organization address; City; State; Zip Code	\$10,000.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3 of 3
FILER NAM Vote Yes	s for Rockwall ISD	$\begin{array}{ccc} \textbf{3} & \text{Filer ID (Ethics Commission Filers)} \\ & N/A \end{array}.$
Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
9/10/2025	Skorburg Company 6 Corporation / Labor Organization address; City; State; Zip Code Dallas TX 75225	\$1,500.00
Date	Corporation / Labor Organization name RPRE LLC	Amount of contribution (\$)
9/8/2025 .	Corporation / Labor Organization address; City; State; Zip Code Prosper TX 75078	\$3,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
9/25/2025	The Tiniest Detail LLC Corporation / Labor Organization address; City; State; Zip Code Rockwall TX 75087	\$1,000.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
8/21/2025	PCI Construction Corporation / Labor Organization address; City; State; Zip Code McKinney TX 75071	\$1,500.00
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	

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NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

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 Sched	dule C2: 1 of 1			
2 FILER NAI Vote !	ME Yes for Rockwall ISD	3 Filer ID (Ethics Con N/A	mmission Filers)			
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description			
8/28/2025	Hella Shriners 6 Corporation / Labor Organization address; City; State; Zip Code	\$1100.00	Partial payment of signage - Keeper's Press			
		Check if travel outside	l de of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description			
	Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outsi	de of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description			
	Corporation / Labor Organization address; City; State; Zip Code		[[
		Check if travel outsi	de of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description			
	Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outside	de of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name	Amount of Contribution \$	I In-kind contribution I description			
	Corporation / Labor Organization address; City; State; Zip Code					
	·	Check if travel outsid	e of Texas. Complete Schedule T.			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

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 D: 1 of 1				
2 FILER	NAME Vote Yes for Rockwall ISD	3 Filer ID (Ethics Commission Filers)				
4 Date 8/21/2025	5 Corporation / Labor Organization name PCI Construction 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$ \$1,500.00	8 In-kind contribution description			
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description			
	Corporation / Labor Organization address; City; State; Zip Code] 			
		Check if travel outs	ide of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description			
	Corporation / Labor Organization address; City; State; Zip Code] . . .			
		Check if travel outs	ide of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description			
	Corporation / Labor Organization address; City; State; Zip Code]] [
		Check if travel outs	ide of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description			
	Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outs	ide of Texas. Complete Schedule T.			
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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense 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 3 Filer ID (Ethics Commission Filers) Vote Yes for Rockwall ISD 1 of 10 N/A 5 Payee name 4 Date Ray Hubbard Postal 8/20/2025 6 Amount (\$) City; 7 Payee address; Zip Code State: Rockwall TX 75087 \$86.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Office Overhead PO Box Rental -3 months EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Scarlett Caruthers 8/20/2025 Amount (\$) City: State: Zip Code Payee address; Rockwall TX 75087 \$1,000.00 Category (See Categories listed at the top of this schedule) Description Advertising Expense PURPOSE Social Media Management OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 8/20/2025 Taco Wasted Amount (\$) Payee address; City; State: Zip Code Rockwall TX 75087 \$420.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Kick-off Food Truck Event Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		inting Expense laries/Wages/Contract Labor ow to complete this form.	Travel Out Of Distric Other (enter a catego				
1 Total pages Schedule F1: 2 of 10	2 FILER NAME Vote Yes for Rockwall ISD		3 Filer ID (Ethic	s Commission Filers)			
4 Date 8/22/2025	5 Payee name Costco Wholesale						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
\$148.04	Dallas TX 7	5251					
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Kick-off Food	Kick-off Food & Drinks				
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living	, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ł	Office sought		Office held			
Date	Payee name						
8/22/2025	Costco Wholesale						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$299.60	Dallas TX 7523	31					
	Category (See Categories listed at the top of this schedu	ule) Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Kick-off Foo	d & Drinks				
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
8/22/2025	Gianni's Italian Bistro						
Amount (\$)	Payee address;	City;	State;	Zip Code			
\$156.42	Heath TX 750	32					
	Category (See Categories listed at the top of this schedu	le) Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Kick-off Piz	za				
·	Check if travel outside of Texas, Complete Schedul	eT. Check if Austin	n, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED				

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
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 c	omplete this form.	,		
1 Total pages Schedule F1: 3 of 10	2 FILER NAME Vote Yes for Rockwall ISD		$\begin{array}{c} \textbf{3} \ \text{Filer ID} (\text{Ethics Commission Filers}) \\ N/A \end{array}$		
4 Date 8/26/2025	5 Payee name Keeper's Press				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$2,489.75	Heath TX 75032				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8/29/2025	Keeper's Press				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$1,244.88	Heath TX 75032				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Road Signs			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9/5/2025	Keeper's Press				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$1,244.88	Heath TX 75032				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Road Signs	· •		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NES	-DED		

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 Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Vote Yes for Rockwall ISD 4 of 10 N/A 4 Date 5 Payee name 9/5/2025 Keeper's Press 6 Amount (\$) 7 Payee address; City; State: Zip Code Heath TX 75032 \$2,489.75 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Yard Signs 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 sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 9/9/2025 Qball Design Amount (\$) Payee address; City: State: Zip Code Rockwall TX 75087 \$541.25 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Logo 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 9/9/2025 Qball Design Amount (\$) Payee address; City; State: Zip Code 487.13 Rockwall TX 75087 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Signage Design Advertising Expense

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense 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 5 of 10 Vote Yes 3 Filer ID (Ethics Commission Filers) Vote Yes for Rockwall ISD N/A 4 Date 9/11/2025 5 Payee name Rubber Duck Regatta and Jeep Festival 6 Amount (\$) 7 Payee address; City; Zip Code State: \$200.00 Rockwall TX 75032 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE **Event Expense** Booth Registration 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/10/2025 Blue Ribbon News LLC Amount (\$) City: State: Zip Code Pavee address: Rockwall TX 75087 \$1,250.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Print/Digital Ad OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 9/12/2025 Scarlett Caruthers Amount (\$) Payee address; City; State: Zip Code Rockwall TX 75087 \$2,250.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Social Media Management Advertising Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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
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 (extension and lighted phone)

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 3 Filer ID (Ethics Commission Filers) 6 of 10 Vote Yes for Rockwall ISD N/A 4 Date 9/15/2025 5 Payee name Kroger 6 Amount (\$) Payee address; City: State: Zip Code Heath TX 75032 \$151.83 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Event Food Solicitation/Fundraising 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 Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/15/2025 Qball Design Amount (\$) City: State: Zip Code Payee address; Rockwall TX 75087 \$649.50 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 Date Payee name 9/16/2025 Amazon.com Amount (\$) Payee address; City; State: Zip Code \$324.72 Seattle WA 98108 Category (See Categories listed at the top of this schedule) Description **PURPOSE** 2 Tents Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held 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
Consulting Expense
Contributions/Donations Made By
Candicate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/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 shove)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Salaries/V	Vages/Contract Labor	Other (enter a catego	
		The Instruction	Guide explains how to	complete this form.		
1 Total pages Schedule F1: 7 of 10		AME Yes for Rock	wall ISD		3 Filer ID (Ethics N/A	s Commission Filers)
4 Date 9/18/2025	5 Payee na Keepe	me r's Press LLC				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
\$595.38			Heath TX 75	5032		
8	(a) Category	y (See Categories liste	d at the top of this 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 living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	name	Office sought		Office held
Date	Payee na	me				
9/18/2025	Keepe	r's Press				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$595.38			Heath TX 75032			
	Category	(See Categories listed	at the top of this schedule)	Description		
PURPOSE	Print	ing Expense		Road Signs		
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expens					
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name	Office sought		Office held
Date	Payee na	me				
9/18/2025	Keepe	er's Press LLC				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$1,244.88			Heath TX 750	32		
	Category	(See Categories listed	at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printi	ng Expense		Road Signs		
		Check if travel outside of	Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name	Office sought		Office held
	ATT	ACH ADDITION	AL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling Ex se Printing Ex Salaries/V	xpense	ontra	ect Labor	Travel I	n District Out Of Distri	ict gory not listed abo	
Credit Card Payment		The Instruction Guide ex	xplains how to o	omplet	te th	is form.				
1 Total pages Schedule F1: 8 of 10	2 FILER N	IAME Yes for Rockwall IS	D				3 Filer		cs Commission	Filers)
4 Date 9/18/2025	5 Payeen Keep	er's Press LLC	- 1111111111111111111111111111111111111	,						
6 Amount (\$)	7 Payee a	ddress;			(City;		State;	Zip Code	
\$833.53		Heath	TX 75032							
8	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) [Desc	cription				
PURPOSE OF EXPENDITURE	Printi	ng Expense		R	oac	d Signs				
	(c)	Check if travel outside of Texas, Com	plete Schedule T.			Check if Aust	in, TX, offic	eholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		0	Office	e sought			Office held	
Date	Payee na	ame								
9/18/2025	Ke	eper's Press								
Amount (\$)	Payee a	ddress;			C	City;		State;	Zip Code	
\$1,244.88		Heat	th TX 75032	2						
	Categor	/ (See Categories listed at the top of	of this schedule)	Б	Desc	cription				
PURPOSE OF EXPENDITURE	Print	ing Expense		I	Roa	ad Signs				
		Check if travel outside of Texas. Com	plete Schedule T.	. [Check if Aust	in, TX, offic	eholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		0	office	sought			Office held	
Date	Payee n	ame								
9/19/2025	Keeper	's Press LLC								
Amount (\$)	Payee a	ddress;			(City;		State;	Zip Code	
\$2,489.75		Heat	th TX 75032	;						
	Category	(See Categories listed at the top o	of this schedule)	D	Desc	ription				
PURPOSE OF EXPENDITURE	Printin	g Expense			Yaı	d Signs				
	Check if travel outside of Texas, Complete Schedule T.			Check if Austin, TX, officeholder living expense						
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH				0	Office	e sought			Office held	
	AT	TACH ADDITIONAL COR	PIES OF THIS	SCHE	DU	LE AS NEI	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 Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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) 9 of 10 Vote Yes for Rockwall ISD 4 Date 5 Payee name 9/20/2025 Ecanvasser 6 Amount (\$) 7 Payee address; City; State: Zip Code Dublin DOx X361 Ireland \$99.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Block Canvassing Software Other 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 Date Payee name 9/19/2025 Qball Design Amount (\$) Payee address; City; State; Zip Code Rockwall TX 75087 \$270.63 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Ad design OF Advertising Expense 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 Date Payee name 9/24/2025 Ecanvasser Amount (\$) Payee address; City; State; Zip Code \$1,198.00 Dublin DOx X361 Ireland Category (See Categories listed at the top of this schedule) Description PURPOSE OF Block Canvassing Software Other EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held 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 Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		raver in District Travel Out Of District Other (enter a category not listed above)					
		ns now to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
10 of 10	Vote Yes for Rockwall ISD						
4 Date	5 Payee name						
9/23/2025	Qball Design	<u> </u>					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
\$757.75	Rockwall TX 7	75087					
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
PURPOSE							
OF EXPENDITURE	Advertising Expense	Flyer Design					
	(c) Check if travel outside of Texas, Complete	Schedule T. Check if Aust	Austin, 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						
9/25/2025	Minuteman Press						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$462.14	Rockwall TSX	75087					
	Category (See Categories listed at the top of this	schedule) Description					
PURPOSE OF EXPENDITURE	Printing Expense	Flyers					
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	in, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
	Category (See Categories listed at the top of this	schedule) Description					
PURPOSE							
OF EXPENDITURE							
	Check if travel outside of Texas, Complete S	Schedule T. Check if Aust	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED				