FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087409 3 COMMITTEE NAME **OFFICE USE ONLY** Vote "Yes" for Marion Kids Date Received **ELECTRONICALLY FILED** 07/06/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 535 Ullrich Road Date Hand-delivered or Date Postmarked Change of Address Marion, TX 78124 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amy NAME NICKNAME LAST **SUFFIX** Dreisbach STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2805 FM 465 STREET **ADDRESS** (Residence or Business) Seguin, TX 78155 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2805 FM 465 MAILING **ADDRESS** Seguin, TX 78155 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 846-9482 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED 04/27/2023 **THROUGH** 07/06/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 05/06/2023 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Vote "Yes" for Marion K	ids		00087409		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate		- (() ()		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
X SUPPORT		DALL OT IDENTIFICATION / //	El EOTI	ON DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE	Voor
OPPOSE (Candidate or Measure)	Na a a sura	Prop A	Month 05/06/2	Day 2023	Year
ASSIST (Officeholder)	X Measure	DESCRIPTION The issuance of \$78,800,000 by Marion	ISD for facility	upgrades.	
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, EES OF LOANS, OR CONTRIBUTIONS MADE \$50.00			\$50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	\$50.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	\$0.00
	4. TOTAL POLITICAL EX	(PENDITURES		\$	\$4,917.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	\$0.74	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all information Title 15, Election Code.			
		Ms. Amy	Dreisbach		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er	
Sworn to and subscribed	before me, by the said	, t	his the		day
		, witness my hand and seal of office.			
Signature of officer add	ministering oath Print	ed name of officer administering oath	Title of office	er administeri	ng oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

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17 COMMITTE Vote "Yes"	EE NAME " for Marion Kids	18 Filer ID 00087409	(Ethics Commission Filers)
19 SCHEDULE NAME OF S		•	SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 4,917.46
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimburgstatist (Expense Loan Repayment/Reimburgstatist)

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

Fees Office O
Food/Beverage Expense Polling E
Gift/Awards/Memorials Expense Printing
Legal Services Salaries

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 4/7	Vote "Yes" for Marion Kids 00087409
4 Date	5 Payee name
06/12/2023	Driesbach, Amy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	2805 FM 465
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense paid back for signs purchased with personal funds
	palu back ibi signs purchased with personal funds
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
05/17/2023	First United
Amount (\$)	Payee address; City; State; Zip Code
\$18.00	FM 3009
Expenditure from corporate funds	Schertz, TX 78154
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Wire transfer fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
05/17/2023	Jaroszewski, Becky
Amount (\$)	Payee address; City; State; Zip Code
\$98.36	425 Plane Lane
Expenditure from corporate funds	Marion, TX 78124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Facebook boosts
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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)

Credit Card Payment	The Instruction Guide explains how to com	pplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 5/7	Vote "Yes" for Marion Kids	00087409
4 Date	5 Payee name	
06/26/2023	MYSO	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$1,300.00	PO Box 56	
Expenditure from		
corporate funds	Marion, TX 78124	
8 PURPOSE OF	,	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising at Marion Youth Sports fields during the
		season - banner and signs
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/12/2023	Rackley, Caleb	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$2,290.00	535 Ulrich Rd	
Expenditure from corporate funds	marion, TX 78124	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		signs purchased - repaid from personal funds (large
		signs, small signs, voting signs, banner)
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/12/2023	Rackley, Caleb	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$114.63	535 Ulrich Rd	
— Foresediture from		
Expenditure from corporate funds	marion, TX 78124	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
	Expense	Check if Austin, TX, officeholder living expense Sign placement
		sign placement
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Cinos ficia

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 6/7	Vote "Yes" for Marion Kids 00087409
4 Date	5 Payee name
05/16/2023	Tyson.Org
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$976.32	1351 Mistletoe Dr.
Expenditure from corporate funds	Fort Worth, TX 76110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	text message service
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2023	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$12.60	602 Cibolo Valley Dr.
Expenditure from corporate funds	Cibolo, TX 78108
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office supplies (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Stamps purchased for thank you notes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
06/20/2023	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$7.55	602 Cibolo Valley Dr.
— Forest dit us from	
Expenditure from corporate funds	Cibolo, TX 78108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Supplies Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Thank you notes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

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	The Instruction Guide explains how to complete this form. **Complete only if "Report Type" on page 1 is marked "Dissolution" **			
1	COMMITTEE NAME		2 Filer ID (Ethics Commission Filers)	
	Vote "Yes" for Marion Kids		00087409	
3	Affidavit of Dissolution	-		
	I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.			
	Ms. Amy Dreisbach			
	Signature of Campaign Treasurer			
	DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED		AL COMMITTEE IS TO BE DISSOLVED	
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		the,	
		e of officer administering oath	Title of officer administering oath	