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) 00081467 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Comal Public Schools Date Received **ELECTRONICALLY FILED** 07/09/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5240 River Oaks Dr. Date Hand-delivered or Date Postmarked Change of Address New Braunfels, TX 78132 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Laci NAME NICKNAME LAST **SUFFIX** Harrison STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5240 River Oaks Dr. STREET **ADDRESS** (Residence or Business) New Braunfels, TX 78132 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5240 River Oaks Dr. MAILING **ADDRESS** New Braunfels, TX 78132 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 970-3292 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 **THROUGH** 06/30/2023 04/27/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 05/06/2023 χ Special General

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Friends of Comal Public	Schools		00081467		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate Officeholder	.D (officeholder)			
X SUPPORT	_				
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ION DATE	
OPPOSE		A	Month	Day Year	
(Candidate or Measure)			05/06/2	2023	
□ ACCIOT	X Measure				
(Officeholder)		DESCRIPTION			
(Onicerolaer)		School bonds new schools, safety and s land purchases	ecurity, capital	projects, replace buse	S,
15 CONTRIBUTION TOTALS		I TRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$ \$0.0)0
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE:	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$0.0)0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO		\$ \$0.0		
	4. TOTAL POLITICAL EX		\$ \$11,734.9		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON- REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$ \$72,915.2	<u></u> 28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF G PERIOD	THE LAST	\$ \$0.0	00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
	Harrison				
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er	
Sworn to and subscribed	before me, by the said	, t	his the	day	
of	, 20, to certify which	n, witness my hand and seal of office.			
Signature of officer adr	ministering oath Print	ed name of officer administering oath	Title of office	er administering oath	

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 9 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Friends of Comal Public Schools 00081467 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER **SUPPORT** (Candidate or Measure) BALLOT IDENTIFICATION **ELECTION DATE** MONTH DAY YEAR В OPPOSE X MEASURE 05/06/2023 (Candidate or Measure) DESCRIPTION School bonds for stadium safety measures, bleacher expansion and fieldhouse **ASSIST** (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** С MONTH DAY YEAR **OPPOSE** X MEASURE 05/06/2023 (Candidate or Measure) DESCRIPTION **ASSIST** School bonds to purchase leaning devices and technology infrastructure (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

4 of 9

			4 of 9			
17 COMMIT	EE NAME	18 Filer ID	(Ethics Commission Filers)			
Friends o						
19 SCHEDUI NAME OF	SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00			
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$			
6.	\$					
7. X	7. X SCHEDULE E: LOANS					
8. X	\$ 11,734.94					
9. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00			
10. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00			
11. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00			
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$			
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

PLE	OGED CONTRIBUTIONS		SCHEDULE B
Т	he Instruction Guide explains how to	complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/9
2 FILER N	AME of Comal Public Schools		3 Filer ID (Ethics Commission Filers) 00081467
4 TOTAL	OF UNITEMIZED PLEDGES		\$ 0.0
5 Date	6 Full name of pledgor out-of-sta 7 Pledgor Address; City; State;	te PAC (ID#: Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable)
10 Principal	occupation / Job title (See Instructions)	11 Familiary (Cooks	Check if travel outside of Texas. Complete Schedule
LO I IIIICIPAI	occupation / 305 title (See Instructions)	11 Employer (See In:	sil ucilons)

	LOANS					SCHEDU	LE E	
	The Instructio	on Guide explains how	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 6/9				
	FILER NAME Friends of Coma	al Public Schools			3 Filer ID 00081	(Ethics Commission 467	Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	9 Loan Amount (\$)			
	Is lender a financial institution?	8 Lender address; (City; State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction	ıs)	•		
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)		
	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guarante	ed (\$)	
	not applicable	18 Guarantor address; (City; State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instruction	s)			

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

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 complete t	this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 7/9	Friends of Comal Public Schools	00081467
4	Date	5 Payee name	
_	05/06/2023	DTA Food Service Group	
6	Amount (\$) \$32.47	7 Payee address; City; State; Zip Code 15000 Hwy 46	
	Ψ32.41	13000 Tiwy 40	
		Spring Branch, TX 78070	
8	PURPOSE		escription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			ection night watch gathering
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/06/2023	Murphy Nasica and Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,657.05	PO Box 1648	
		Austin, TX 78767	
	PURPOSE OF		escription
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		MI	MS Text #4 and #5
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/03/2023	Payee name Muraby Nacion and Accordance	
		Murphy Nasica and Associates	
	Amount (\$) \$3,554.44	Payee address; City; State; Zip Code PO Box 1648	
	ΨΟ,004.44	1 0 Box 10-10	
		Austin, TX 78767	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense MS Text #1,2,3
			···
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	+	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	ER (enter a category not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer	TID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 8/9		81467
4	Date	5 Payee name	
	05/02/2023	Murphy Nasica and Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,500.00	PO Box 1648	
	I		
		Austin, TX 78767	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of T	exas. Complete Schedule T.
	I	Vended Grassroots #	
	l		
9	Complete ONLY if direct		Office held
	expenditure to benefit C/OI)H 	
	Date	Payee name	
	05/06/2023	Outlaw Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.20	15000 Hwy 46	
	l		
		Spring Branch, TX 78070-2119	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of T	exas. Complete Schedule T.
	I	Election night watch	
	l		
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	OH .	
	Date	Payee name	
	06/20/2023	Tejas Rodeo Co	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,207.94	401 Obst Rd	
	I		
	I	Bulverde, TX 78163	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Lvent Expense	exas. Complete Schedule T.
	I	Check if Austin, TX, office	voices combined 2032.13 and
	1	175.81	V01000 001110.1100 202.1.21 3.1.1
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	G	

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

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 By Candidate/Officeholder/Politica Credit Card Payment	nmittee Legal Serv	s/Memorials Expense ices ruction Guide expla		Vages/	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
	Total pages Schedule F1: Sch: 3/3 Rpt: 9/9	Friends of Comal P	ublic Schools			:		Filer ID 00081467	(Ethics Commission Filers)	
4	Date 06/23/2023	Payee name The UPS Store #68	399							
6	Amount (\$) \$420.00	Payee address; C 244 FM 306 Ste 120 New Braunfels, TX		tate; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	Category (See Categori PO Box	es listed at the top of this	s schedule)		므	TX,	de of Texas. Comp officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder	name	Office sou	ght			Office he	eld	
	Date 05/06/2023	Payee name Tree Haus TX								
	Amount (\$) \$313.84	Payee address; C 15000 Hwy 46 Spring Branch, TX		tate; Zip Co	nde					
	PURPOSE OF EXPENDITURE	Category (See Categori Event Expense	es listed at the top of this	s schedule)		—	TX,	de of Texas. Composition officeholder living atch gathering	expense	
	Complete ONLY if direct expenditure to benefit C/Oh	andidate/Officeholder	name	Office sou	ght			Office he	eld	