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) 00083108 3 COMMITTEE NAME **OFFICE USE ONLY** Enhance Enrich Educate Southside Date Received **ELECTRONICALLY FILED** 07/15/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 163 Date Hand-delivered or Date Postmarked Change of Address Elmendorf, TX 78112 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Micki L. NAME NICKNAME LAST **SUFFIX** Ball STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 23203 Hickory Shadow STREET **ADDRESS** (Residence or Business) Elmendorf, TX 78112 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO BOX 163 MAILING **ADDRESS** Elmendorf, TX 78112 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 840-7508 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 01/01/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/06/2018 χ Special General

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		1	3 Filer ID	(Ethics Com	mission Filers)		
Enhance Enrich Educat	e Southside		00083108				
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME					
(Attach lists on plain paper to complete this	Candidate						
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD	(officeholder)				
X SUPPORT							
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE	.,		
OPPOSE (Candidate or Measure)			Month 11/06/2	Day Year /2018			
☐ ASSIST	X Measure	DESCRIPTION					
(Officeholder)		DESCRIPTION School Bond					
		School Bond					
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED				\$0.00		
	,						
	(OTHER THAN PLEDGE		\$	\$0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO		\$	\$0.00			
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	AY OF THE	\$	\$5,746.52			
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					\$0.00		
40 AFFIDA: "T	I			<u> </u>			
16 AFFIDAVIT		I swear, or affirm, under penalty of perjuing and correct and includes all information of Title 15, Election Code.					
		Ms. Mick	i L. Ball				
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Campaign Treasurer							
Sworn to and subscribed		day					
		h, witness my hand and seal of office.			_ ,		
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administeri	ng oath		

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			3 of 5					
17 COMMITTEE NAME Enhance Enrich Educate Southside 18 Filer ID (Ethics Commission Filers) 00083108								
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT							
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$					
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	\$ 179.70					
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

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 1/2 Rpt: 4/5	Enhance Enrich Educate Southside 00083108						
4	Date	5 Payee name						
	01/03/2023	Bank of America, N.A						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$29.95	PO Box 25118						
		Tampa, FL 33622-5118						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Bank service charge						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/01/2023	Bank of America, N.A						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$29.95	PO Box 25118						
		Tampa, FL 33622-5118						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Service Charge						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Data							
	Date 03/01/2023	Payee name						
		Bank of America, N.A						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$29.95	PO Box 25118						
		Tampa, FL 33622-5118						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Service Charge						
		Service Onlings						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	y						

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

	Candidate/Officeholder/Politica			Legal Services	us Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed at	oove)
	Credit Card Payment The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 2/2 Rpt: 5/5		Enhance En	rich Educate S	Southside					00083108		
4	Date	5	5 Payee name									
	04/03/2023	ı	Bank of Ame	erica, N.A								
6	Amount (\$)	7	Pavee addres	ss; City;	State	· Zin Co	de					
ľ	\$29.95	ı	7 Payee address; City; State; Zip Code PO Box 25118									
	Ψ=0.00		. 0 2011 202									
			Tompo El í	22622 E110								
L		⊢	Tampa, FL 3									
8	PURPOSE OF			e Categories listed a	t the top of this sch	nedule)	(b)	Description	oto:	de of Toyon Com	iplete Schedule T.	
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9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OF	Н					•					
H	Date		Payee name									
	05/01/2023	ı	Bank of Ame	erica. N.A								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$29.95	ı	PO Box 251			, _,						
	420.00		. 0 2011 202									
			Tampa, FL 3	22622 ₋ 5112								
_	PURPOSE	⊢	•				(h)	Description				
	OF			e Categories listed a	t the top of this sch	nedule)	(D)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE			Accounting/Banking [Check if Austin, TX, officeholder living expense					
								Service Char	ge			
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
expenditure to benefit C/OH												
	Date		Payee name									
	06/01/2023		Bank of Ame	erica, N.A								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$29.95		PO Box 251	18								
			Tampa, FL 3	33622-5118								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/I		•	,		ш			plete Schedule T.	
	LXFENDITORE									officeholder living	g expense	
								Service Char	ge			
_	Complete ONLY if allows:	Ļ	Condidate /Off	acholder =		Office	ale.			Off:!	ald	
	Complete ONLY if direct expenditure to benefit C/OH		∍ariuiuate/Offic	ceholder name	(Office sou	ynt			Office h	eiu	
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