

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

| | | | |
|---|--|--|--|
| The SPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00081468 | 2 Total pages filed: 6 |
| 3 COMMITTEE NAME Citizens For CCISD | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 08/07/2023 | |
| | | Date Hand-delivered or Date Postmarked | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2951 Marina Bay Dr, Ste. 130-394 League City, TX 77573 | | |
| | Receipt # | | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | Mr. | Philip J. | |
| | | NICKNAME | SUFFIX |
| | | Ratisseau | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5327 Appleblossem Ln. Friendswood, TX 77546 | | |
| | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5327 Appleblossem Ln. Friendswood, TX 77546 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5327 Appleblossem Ln. Friendswood, TX 77546 | | |
| | AREA CODE PHONE NUMBER EXTENSION (713) 304-0956 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR) | | |
| | | <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | |
| 10 PERIOD COVERED | Month Day Year 01/01/2023 | THROUGH | Month Day Year 06/30/2023 |
| 11 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

| | | | | | | |
|---|--|---|----------------------------------|----------------------|--|----------------------|
| 12 COMMITTEE NAME Citizens For CCISD | | 13 Filer ID (Ethics Commission Filers) 00081468 | | | | |
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder | CANDIDATE / OFFICEHOLDER NAME <hr/> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <hr/> | | | | |
| | <input type="checkbox"/> Measure | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">BALLOT IDENTIFICATION / #</td> <td style="width: 40%; padding: 5px;">ELECTION DATE</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> Month Day Year </td> </tr> </table> | BALLOT IDENTIFICATION / # | ELECTION DATE | | Month Day Year |
| | BALLOT IDENTIFICATION / # | ELECTION DATE | | | | |
| | | Month Day Year | | | | |
| | DESCRIPTION | | | | | |
| | | | | | | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ \$0.00 | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ \$0.00 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ \$0.00 | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ \$0.00 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ \$0.00 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ \$0.00 | | | | |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Mr. Philip J. Ratisseau
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

| | |
|--|---|
| 17 COMMITTEE NAME Citizens For CCISD | 18 Filer ID (Ethics Commission Filers) 00081468 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 13. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 72.00 |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule I: Sch: 1/2 Rpt: 4/6 | 2 FILER NAME Citizens For CCISD | 3 Filer ID (Ethics Commission Filers) 00081468 |
| 4 Date 01/31/2023 | 5 Payee name Capitol One Bank | |
| 6 Amount (\$) 12.00 | 7 Payee Address; City; State; Zip 7933 Preston Rd Plano, TX 75024 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Monthly Service Charge |
| Date 02/28/2023 | Payee name Capitol One Bank | |
| Amount (\$) 12.00 | Payee Address; City; State; Zip 7933 Preston Rd Plano, TX 75024 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Monthly Service Charge |
| Date 03/31/2023 | Payee name Capitol One Bank | |
| Amount (\$) 12.00 | Payee Address; City; State; Zip 7933 Preston Rd Plano, TX 75024 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Monthly Service Charge |
| Date 04/30/2023 | Payee name Capitol One Bank | |
| Amount (\$) 12.00 | Payee Address; City; State; Zip 7933 Preston Rd Plano, TX 75024 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Monthly Service Charge |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule I: Sch: 2/2 Rpt: 5/6 | 2 FILER NAME Citizens For CCISD | 3 Filer ID (Ethics Commission Filers) 00081468 |
| 4 Date 05/31/2023 | 5 Payee name Capitol One Bank | |
| 6 Amount (\$) 12.00 | 7 Payee Address; City; State; Zip 7933 Preston Rd Plano, TX 75024 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Monthly Service Charge |
| Date 06/30/2023 | Payee name Capitol One Bank | |
| Amount (\$) 12.00 | Payee Address; City; State; Zip 7933 Preston Rd Plano, TX 75024 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Monthly Service Charge |

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

6 of 6

The Instruction Guide explains how to complete this form. ****Complete only if "Report Type" on page 1 is marked "Dissolution" ****

| | |
|--|---|
| 1 COMMITTEE NAME Citizens For CCISD | 2 Filer ID (Ethics Commission Filers) 00081468 |
|--|---|

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.

Mr. Philip J. Ratisseau

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath