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) 00087940 3 COMMITTEE NAME **OFFICE USE ONLY** Elevate Joshua Date Received **ELECTRONICALLY FILED** 01/05/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 509 Ramon St Date Hand-delivered or Date Postmarked Change of Address Burleson, TX 76028-7176 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Rima NAME NICKNAME LAST **SUFFIX** Arman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 509 Ramon St STREET **ADDRESS** (Residence or Business) Burleson, TX 76028-7176 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 509 Ramon Street MAILING **ADDRESS** TX 76028 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (617) 794-8136 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED 10/29/2023 **THROUGH** 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/07/2023 χ General Special **GO TO PAGE 2**

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Elevate Joshua			00087940		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate				
терит п песеѕѕагу.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE	.,
OPPOSE (Candidate or Measure)			Month 11/07/2	Day 2023	Year
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		Joshua ISD Bond Election			
15 CONTRIBUTION TOTALS		 TRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL CO	ONTRIBUTIONS			
	(OTHER THAN PLEDGES	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$10,034.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$0.00
	4. TOTAL POLITICAL EX		\$	\$7,751.68	
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 per and correct and includes all informatio Title 15, Election Code.			
		Mrs. Riı	na Arman		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	, t	his the		day
of	, 20, to certify which	, 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 3 of 9

18 Filer ID	(Ethics Commission Filers)				
00087940					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
	\$ 1,000.0				
	\$ 9,034.1				
	\$ 0.0				
OR	\$				
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
7. X SCHEDULE E: LOANS					
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
9. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
10. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
OF C/OH	\$				
IONS	\$				
RETURNED	\$				
	OOR RATION OR ORGANIZATION				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.	- 1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9		
2	FILER NAME Elevate Joshua		Filer ID (Ethics Commission Filers) 00087940		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Penn Mill Plumbing LLC 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$1,000.00		
	Cleburne, TX 76033				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ons)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Elevate Joshua 00087940 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/31/2023 **WRA Architects** \$9,034.18 Media Advertising 7 Contributor address; City; State; Zip Code Dallas, TX 75251 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form	1 Total pages Schedule B: Sch: 1/1 Rpt: 6/9
2 FILER NAME Elevate Joshua	3 Filer ID (Ethics Commission Filers) 00087940
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#:	8 Amount of pledge (\$) 9 In-kind description (If applicable)
10 Dringing accounting / Joh title (Coe Instructions)	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer ((See Instructions)

LOANS				SCHEDULE	E	
The Instruction	on Guide explains how to complete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 7/9			
2 FILER NAME Elevate Joshua			3 Filer ID 000879	(Ethics Commission File	ers)	
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 (\$)			
6 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 Instructions	·)			
14 Description of Coll None	lateral	15 Check if personal funds we	re deposited	l into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed	(\$)	
not applicable	18 Guarantor address; City; State;	Zip Code				
20 Principal occupation	on	21 Employer (See Instructions	·)			

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	I Committee	Legal Services The Instruction Guid	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/2 Rpt: 8/9	Elevate Jos						00087940	`	,
4	Date	5 Payee name)							
	10/31/2023	Brookshire	S							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$94.65	1001 Joshi	ua Station Blvd							
		Joshua, T〉	76058							
8	PURPOSE OF		See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp		
						Candy for YM		officeholder living		
						Carlay for Tiv	107	A DOO DASII I	LVCIII	
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name)							
	12/04/2023	Dallas Prin	ting							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,985.41	6162 Sheri	v Lane	·						
	+ 2,0002	0202 0	, _a							
		Dallas, TX	75225							
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Printing Ex	pense			=		de of Texas. Comp		
						ш	, TX,	officeholder living	expense	
						Direct Mail				
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	12/05/2023	Dallas Prin	ting							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$509.92	6162 Sheri	y Lane							
		Dallas, TX	75225							
	PURPOSE OF	(a) Category (S	See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Printing Ex	pense					de of Texas. Com		
						ш	, IX,	officeholder living	expense	
						Direct Mail				
					Ļ					
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ught			Office he	eld	
	experience to benefit C/Or	·								
					· <u></u>					

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 (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 co	Ü	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	_		
	Sch: 2/2 Rpt: 9/9	Elevate Joshua	00087940				
4	Date	5 Payee name					
	12/03/2023	Precision Reprographics					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		_		
	\$3,772.40	3102 Benton St.					
		Garland, TX 75042	_				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			'	Signs/Banners Printing Services			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	uaht	Office held	_		
ľ	expenditure to benefit C/O	H	ugiit	Office field			
_	Data				=		
	Date	Payee name					
	12/03/2023	Precision Reprographics			_		
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$1,389.30	3102 Benton St.					
		Garland, TX 75042					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense			
				Signs/Banners Printing Services			
	Commiste ONLY if divest	Condidate (Office helder name		Office held	_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt	Office held			
	·				_		