

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00088606		2 Total pages filed: 8		OFFICE USE ONLY	
3 FILER NAME Commit to Students				Date Received ELECTRONICALLY FILED 04/24/2024	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year 03/01/2024		Month Day Year THROUGH 04/24/2024	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
Amended report 4/24/24 to reflect a reduction in the advertising expense to support Kevin Carbo.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088606	2 Total pages filed: 8	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Commit to Students			
4 FILER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3000 Pegasus Park Dr Dallas, TX 75247		Date Received ELECTRONICALLY FILED 04/24/2024	
			Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 849-9002		Date Imaged	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			
7 PERIOD COVERED	Month Day Year 03/01/2024		Month Day Year 04/24/2024	
8 ELECTION	ELECTION DATE Month Day Year 05/04/2024		ELECTION TYPE	
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special			
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Kevin Carbo Mesquite ISD Place 7	
			B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported	
			B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
GO TO PAGE 2				

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Commit to Students		11 Filer ID (Ethics Commission Filers) 00088606
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 36,000.00

13 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.

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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 - DCE

FORM DCE
COVER SHEET PG 3
4 of 8

14 FILER NAME Commit to Students		15 Filer ID (Ethics Commission Filers) 00088606	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	36,000.00
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

POLITICAL EXPENDITURES

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 5/8	2 FILER NAME Commit to Students	3 Filer ID (Ethics Commission Filers) 00088606
4 Date 03/01/2024	5 Payee name Topham Guerin LLC	
6 Amount (\$) \$6,437.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Advertising (creative production and media placement)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bonnen, Greg	Office sought State Representative District 24 Office held State Representative District 24
Date 03/01/2024	Payee name Topham Guerin LLC	
Amount (\$) \$437.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Website (landing page/microsite)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Buckley, Brad	Office sought State Representative District 54 Office held State Representative District 54
Date 03/01/2024	Payee name Topham Guerin LLC	
Amount (\$) \$437.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Website (landing page/microsite)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Maynard, Tom	Office sought State Board Of Education District Office held State Board Of Education

POLITICAL EXPENDITURES

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 6/8	2 FILER NAME Commit to Students	3 Filer ID (Ethics Commission Filers) 00088606
4 Date 03/01/2024	5 Payee name Topham Guerin LLC	
6 Amount (\$) \$437.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Website (landing page/microsite)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bonnen, Greg	Office sought State Representative District 24 Office held State Representative District 24
Date 03/01/2024	Payee name Topham Guerin LLC	
Amount (\$) \$8,937.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Advertising (creative production and media placement)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Dutton, Harold	Office sought State Representative District 142 Office held State Representative District
Date 03/01/2024	Payee name Topham Guerin LLC	
Amount (\$) \$8,937.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Advertising (creative production and media placement)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Maynard, Tom	Office sought State Board Of Education District Office held State Board Of Education

POLITICAL EXPENDITURES

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 7/8	2 FILER NAME Commit to Students	3 Filer ID (Ethics Commission Filers) 00088606
4 Date 03/01/2024	5 Payee name Topham Guerin LLC	
6 Amount (\$) \$6,437.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Advertising (creative production and media placement)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Buckley, Brad	Office sought State Representative District 54 Office held State Representative District 54
Date 03/01/2024	Payee name Topham Guerin LLC	
Amount (\$) \$437.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Website (landing page/microsite)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Dutton, Harold	Office sought State Representative District 124 Office held State Representative District
Date 04/10/2024	Payee name Topham Guerin LLC	
Amount (\$) \$3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 The Green, Ste B DOVER , DE 19901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Advertising (creative production and media placement)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Carbo, Kevin	Office sought Mesquite ISD Place 7 Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 8/8

FILER NAME

Commit to Students

Filer ID (Ethics Commission Filers)

00088606

Schedule

F1

Information entered by filer as a memo:

The following expenditures were made for the March 5 primary. These expenditures were previously disclosed on a Daily-E DCE on March 4, 2024.

Topham Guerin LLC \$8,937.50 Advertising Expense in support of Harold Dutton for State Representative District 142

Topham Guerin LLC \$8,937.50 Advertising Expense in support of Tom Maynard for State Board of Education District 10

Topham Guerin LLC \$6,437.50 Advertising Expense in support of Greg Bonnen for State Representative District 24

Topham Guerin LLC \$6,437.50 Advertising Expense in support of Brad Buckley for State Representative District 54

Topham Guerin LLC \$437.50 Advertising Expense in support of Harold Dutton for State Representative District 142

Topham Guerin LLC \$437.50 Advertising Expense in support of Tom Maynard for State Board of Education District 10

Topham Guerin LLC \$437.50 Advertising Expense in support of Greg Bonnen for State Representative District 24

Topham Guerin LLC \$437.50 Advertising Expense in support of Brad Buckley for State Representative District 54