

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00088606	2 Total pages filed: 5	OFFICE USE ONLY	
3 FILER NAME Commit to Students	Date Received ELECTRONICALLY FILED 04/24/2024		Date Hand-delivered or Date Postmarked
	Date Hand-delivered or Date Postmarked		Receipt # Amount
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	Date Processed
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	Date Imaged
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report		
<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____		
5 ORIGINAL PERIOD COVERED	Month Day Year 04/25/2024	THROUGH	Month Day Year 05/18/2024

6 EXPLANATION OF CORRECTION
Amended report 4/24/24 to reflect a change in the advertising expense to support Tom Maynard.

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: 5
3 FILER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Commit to Students	
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	3000 Pegasus Park Dr		
<input type="checkbox"/> Change of Address		Dallas, TX 75247	
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(202) 849-9002		
6 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election
			<input checked="" type="checkbox"/> Runoff
7 PERIOD COVERED	Month	Day	Year
	04/25/2024		THROUGH
		Month	Day
		05/18/2024	
8 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		05/28/2024	
		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
9 FILER ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Tom Maynard State Board Of Education
			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			

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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	\$ 20,200.00

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 5

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	\$ 20,200.00
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Commit to Students	3 Filer ID (Ethics Commission Filers) 00088606
4 Date 04/25/2024	5 Payee name Topham Guerin LLC	
6 Amount (\$) \$20,200.00 <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) Advertising Expense	(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 Maynard, Tom	Office sought Office held State Board Of Education