#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00080619 Date Received COMMITTEE 3 Charter Schools Now PAC **ELECTRONICALLY FILED** NAME 05/22/2024 TREASURER Gore, Rex NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X Runoff January 15 REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed Other (specify) 8th day before election ORIGINAL PERIOD Month Year Year Month Day Day Date Imaged **COVERED THROUGH** 04/25/2024 05/18/2024 **EXPLANATION OF CORRECTION** This amendment is being filed to correct the dates on expenditures. In preparing the report, the data was sorted incorrectly on the upload spreadsheet which led to dates being reported incorrectly on the original filing. The amendment is also removing the reporting that indicates support of one candidate who was not supported by the committee as follows: the expenditures for CallHub have been adjusted to reallocate the amounts per candidate and the candidate's name has been removed from the committee activity section of the report. Both issues were due to inadvertent, clerical error and no other changes were made. The totals reported on page 2 of the cover sheet remain unchanged. The initial filing made by Charter Schools Now PAC was done so in good faith, with no intent to mislead the public or the TEC. 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. Rex Gore Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080619 3 COMMITTEE NAME **OFFICE USE ONLY** Charter Schools Now PAC Date Received **ELECTRONICALLY FILED** 05/22/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3005 S. Lamar Blvd Date Hand-delivered or Date Postmarked Suite D109 #250 Change of Address Austin, TX 78704 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rex NAME NICKNAME LAST **SUFFIX** Gore STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1304 W. Oltorf St. STREET **ADDRESS** (Residence or Business) Austin, TX 78704 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3005 S. Lamar Blvd MAILING **ADDRESS** Suite D109 #250 Austin, TX 78704 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 694-7777 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/25/2024 05/18/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff 05/28/2024 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Charter Schools Now F	PAC		00080619	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Alex Kamkar State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,074.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	679.08
	4. TOTAL POLITICA	L EXPENDITURES	\$	217,369.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	724,365.64
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Rex	Gore	
		Signature of Car	npaign Treasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, tr	is the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of office	r administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 4 of 20

								1 ago 1 01 20
12	COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Charter Schools Now PAC							00080619	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Brent Hagenbuck	h State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		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.)						
	COMMITTEE	1. Candidates	A.	Supported	Eddie Conger S	chool District Bo	ard Trustee	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		.,				
	(Attach lists on plain paper to complete this report if necessary.)		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.)						
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A.	Supported	Jamie Kohlmann	State Board Of	f Education	
	(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
			B.	Opposed				
		Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)						
		(Identify by name or, if applicable, classify by party.)	)					

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC ADDENDUM

Page 5 of 20

10						
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jarvis Johnson State Senator	•	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Jonathan Gracia State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Ruben Cortez State Represent	ative	
		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.)				

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 6 of 20

						1 ago 0 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Shawn Thierry State Represen	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	Candidates	A Supported	Stephanie Klick State Represe	ntativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Stephanie Nick State Represe	manve	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tom Maynard State Board Of B	Education	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
			•			

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

				JVLK SIILL	7 of 20
17 COMMI Charte		NAME nools Now PAC	<b>18</b> Filer ID 00080619	(Ethics Commissi	ion Filers)
		SUBTOTALS CHEDULE		SUBTOTAL	AMOUNT
1. X	× :	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,074.76
2.	] :	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	] :	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	] :	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	] :	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	] :	SCHEDULE E: LOANS		\$	
10. X	× :	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	217,369.98
11.	] :	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	] :	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	] :	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	] :	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 8/20
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission Filers) 00080619
4	Date 05/17/2024	<ul><li>5 Full name of contributor [ Allen, Edward</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ite; Zip Code	)	7	Amount of Contribution (\$) \$10,000.00
_	Dringing age	Houston, TX 77005	I o	Employer (Coo Instructions		
8	Finance	pation / Job title (See Instructions)	9	Employer (See Instructions Eagle Global Advisors	)	
	Date 05/07/2024	Full name of contributor Ay, Faith  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$) \$26.35
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	CEO			Harmony Public Schools	3	
	Date 05/07/2024	Full name of contributor [ Greenawalt, Andrew A. Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$) \$3,646.15
	Principal occu	Austin, TX 78735-1547 pation / Job title (See Instructions)		Employer (See Instructions	)	
	Retired			Retired	,	
	Date Full name of contributor out-of-state PAC (ID#:)  Hunt, Woody L.  Contributor address; City; State; Zip Code  El Paso, TX 79913			Amount of Contribution (\$) \$10,000.00		
	Principal occu Senior Chair	pation / Job title (See Instructions) man		Employer (See Instructions Hunt Companies	)	
	Date Full name of contributor out-of-state PAC (ID#:)  05/04/2024 Mitchell, Julia  Contributor address; City; State; Zip Code  Austin, TX 78748				Amount of Contribution (\$) \$10.73	
	Principal occu Fundraising	pation / Job title (See Instructions)		Employer (See Instructions CSN	)	
			,			

	MONEI	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 9/20	
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commissio 00080619	n Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Pierce, Denise  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,041.98		
g	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)	la la	Employer (See Instructions	:) 		
0	Attorney	pation / Job title (See Instructions)		Schulman, Lopez, Hoffe		Adelstein, LLP	
	Date   Full name of contributor   out-of-state PAC (ID#:)   O5/07/2024   Sainsbury, Benson   Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,208.65		
		Canyon Lake, TX 78133			<u></u>		
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions InSite	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  05/07/2024 Wilson, Brent  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.40		
		Midlothian, TX 76065					
	Principal occu Superintendo	pation / Job title (See Instructions) ent		Employer (See Instructions Life School	s)		
Date Full name of contributor out-of-state PAC (ID#:) 04/25/2024 Wilson, Meg  Contributor address; City; State; Zip Code  Austin, TX 78704		)		Amount of Contribution (\$)	\$62.23		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/25/2024 Wright, Julia  Contributor address; City; State; Zip Code  Rosharon, TX 77583			Amount of Contribution (\$)	\$26.27		
	Principal occu Superintende	pation / Job title (See Instructions) ent		Employer (See Instructions MeyerPark	5)		
			•				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/11 Rpt: 10/20	Charter Schools Now PAC 00080619
4 Date	5 Payee name
05/01/2024	5 O'clock Somewhere
6 Amount (\$) \$959.40	7 Payee address; City; State; Zip Code 11010 Domain Dr #11139
·	
Expenditure from corporate funds	Austin, TX 78758
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Meeting Food/Beverages
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/14/2024	Alex Kamkar Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$20,000.00	3422 Business Center Dr., Ste. 106-148
Ψ20,000.00	3422 Business Center Dr., Ste. 100-140
Expenditure from corporate funds	Pearland, TX 77584
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
<b>(·</b> )	
\$4.14	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/11 Rpt: 11/20	Charter Schools Now PAC	00080619
4 Date	5 Payee name	
05/08/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	rode
\$0.73	1340 Poydras St., Ste. 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, tooodining, Darining	Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	H	
Date	Payee name	
05/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	rode
\$400.53	1340 Poydras St., Ste. 1770	
	,	
Expenditure from corporate funds	New Orleans, LA 70112	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
Operation ONLY if allowed	Out distant 10ff asked day to a second	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
<u> </u>		
Date	Payee name	
05/01/2024	Antonelli's Cheese Shop	
Amount (\$)	Payee address; City; State; Zip C	rode
\$378.88	4220 Duval St	
Expenditure from		
corporate funds	Austin, TX 78751	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE		Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
onponditure to benefit 6/01		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders extended the light of the light

Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries	-	Contract Labor		OTHER (enter a	category not listed a	oove)
1 Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commiss	sion Filers)
Sch: 3/11 Rpt: 12/20		hools Now PAC					00080619		•
4 Date	5 Payee name	•							
05/03/2024	CallHub								
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip C	Code					
\$2,500.00	1811 Silve	rside Rd.							
Expenditure from corporate funds	Wilmington	, DE 19810							
8 PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Advertising	Expense			=			plete Schedule T.	
				!	Texting Servi		officeholder living	j expense	
					Texting Servi	CC			
Complete ONLY if direct	Candidate/Of	iaahaldar nama	Office co	l l			Office be	ald	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ш	iceholder name	Office so	·	t Board Trust	-00	Office he	eia	
	Conger, Edd		301001	DISTITIO	i boaiu iiusi	iee			
Date	Payee name	•							
04/27/2024	CallHub								
Amount (\$)	Payee addre	ess; City;	State; Zip C	Code					
\$166.66	1811 Silve	rside Rd.							
Expenditure from corporate funds	Wilmington	, DE 19810							
PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Advertising	Expense						plete Schedule T.	
				!	Texting Servi		officeholder living	j expense	
					Texting Servi	CC			
Complete ONII V if direct	Caradidata/Of	iceholder name	Office so				Office le	ماما	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI					Of Education I	Dlad	Office he	oard Of Educa	tion Dlace
	iviayriaiu, ic	/// II	State Bi	oaiu C	71 Luucation i	ria	Je State D		uion Fiace
Date	Payee name	•							
04/27/2024	CallHub								
Amount (\$)	Payee addre	ess; City;	State; Zip C	Code					
\$166.67	1811 Silve	rside Rd.							
Expenditure from corporate funds	Wilmington	, DE 19810							
PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Advertising	Expense						plete Schedule T.	
EXI ENDITORE							officeholder living	g expense	
					Texting Servi	ce			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ш	iceholder name	Office so	Ū	B		Office he	eld	
experiental to belieff C/O	□ Johnson, Ja	rvis	State Se	enatoı	District 15				
	41-1 0	•	. 11-2					\	0 -1070 -1: 0

### 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/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\neg$
Sch: 4/11 Rpt: 13/20	Charter Schools Now PAC 00080619	
4 Date	5 Payee name	П
04/27/2024	CallHub	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$166.66	1811 Silverside Rd.	
Expenditure from corporate funds	Wilmington, DE 19810	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Texting Service	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Oi	Hagenbuch, Brent State Senator District 30	
Date	Payee name	
04/27/2024	CallHub	
Amount (\$)	Payee address; City; State; Zip Code	┪
\$166.67	1811 Silverside Rd.	
,		
Expenditure from corporate funds	Wilmington, DE 19810	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	٦
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
EVACIADITOUT	Check if Austin, TX, officeholder living expense	
	Texting Service	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H Kamkar, Alex State Representative District 29	
Date	Payee name	_
04/27/2024	CallHub	
Amount (\$)	Payee address; City; State; Zip Code	_
\$166.67	1811 Silverside Rd.	
Ψ100.07	1011 Silverside Rd.	
Expenditure from corporate funds	Wilmington, DE 19810	
	<u> </u>	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Texting Service	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_

### SCHEDULE F1

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/Wages/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/11 Rpt: 14/20	Charter Schools Now PAC	00080619
	5 Payee name	
04/27/2024	CallHub	
6 Amount (\$) \$166.67	7 Payee address; City; State; Zip Co 1811 Silverside Rd.	ode
Expenditure from corporate funds	Wilmington, DE 19810	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Texting Service
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	
expenditure to benefit C/O	H Klick, Stephanie State Re	presentative District 91 State Representative District 91
Date	Payee name	
04/27/2024	Facebook	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$155.53	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Social Media Advertising
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/OF	<sup>1</sup> Johnson, Jarvis State Se	nator District 15
Date 05/14/2024	Payee name Facebook	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$155.53	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Social Media Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sould Gracia, Jonathan State Re	ught Office held
	,,	,

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 15/20	Charter Schools Now PAC	00080619
4 Date	5 Payee name	
05/14/2024	Facebook	
6 Amount (\$)	7 Payee address; City; State; Zi	o Code
\$155.53	1 Hacker Way	
Expenditure from		
corporate funds	Menlo Park, CA 94022	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Social Media Advertising
		and the second s
9 Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/OI	H Kamkar, Alex State	Representative District 29
Date	Payee name	
05/14/2024	Facebook	
Amount (\$)	Payee address; City; State; Zi	) Code
\$155.52	1 Hacker Way	
	,	
Expenditure from corporate funds	Menlo Park, CA 94022	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Social Media Advertising
		-
Complete ONLY if direct		e sought Office held
expenditure to benefit C/OI	H Klick, Stephanie State	Representative District 91 State Representative District 91
Date	Payee name	
05/14/2024	Facebook	
Amount (\$)	Payee address; City; State; Zi	Code
\$155.52	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94022	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense  Social Media Advertising
		Social intenta Auvertising
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/OI		Representative District 146 State Representative District
		The state of the s

### 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

Credit Card Payment	The Instruction Guide	e explains how to comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Fi	ler ID	(Ethics Commission Filers)
Sch: 7/11 Rpt: 16/20	Charter Schools Now PAC		00	0080619	
4 Date	5 Payee name				
05/18/2024	Foundation Blue				
6 Amount (\$)	7 Payee address; City;	State; Zip Code	}		
\$25,000.00	57 Manchester St				
= an					
Expenditure from corporate funds	Weymouth, MA 02190				
8 PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule)	Description	(Taura Camu	L. Oshedala T
EXPENDITURE	Advertising Expense		Check if travel outside of Check if Austin, TX, offi		
			ш		ng: In-kind for Jarvis
			Johnson Campaigi		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office he	eld .
expenditure to benefit C/OI	4				
Date	Payee name				
05/01/2024	Red Data Wins LLC				
Amount (\$)	Payee address; City;	State; Zip Code			
\$6,535.94	12400 W Hwy 71, Ste 350-358	3			
	-				
Expenditure from corporate funds	Austin, TX 78738				
PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule)	Description	_	
EXPENDITURE	Advertising Expense		Check if travel outside of Check if Austin, TX, offi		
			Digital Media Buy	00:10:de: j	САРСКОО
			-		
Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office he	eld
expenditure to benefit C/OI	<sup>H</sup> Kamkar, Alex	State Repre	esentative District 29		
Date	Payee name				
05/01/2024	Red Data Wins LLC				
Amount (\$)	Payee address; City;	State; Zip Code	<del></del>		
\$7,095.00	12400 W Hwy 71, Ste 350-358				
Expenditure from corporate funds	Austin, TX 78738				
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b	Description		
OF EXPENDITURE	Advertising Expense		Check if travel outside of		
			Check if Austin, TX, offi Digital Media Buy	ceholder living.	expense
			Digital Media Day		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sough		Office he	
expenditure to benefit C/O		· ·	esentative District 91		epresentative District 91
					<b>5 F 1 1 1 1 1 1 1 1 1 1</b>

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

Credit Card Payment	The Instruction Guide explains how to complete this form.	g.,,,
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (EI	thics Commission Filers)
Sch: 8/11 Rpt: 17/20	Charter Schools Now PAC 00080619	
4 Date	5 Payee name	
04/30/2024	RightSide Compliance LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,790.00	PO Box 341027	
- "		
Expenditure from corporate funds	Austin, TX 78734	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete	
	Compliance Consulting	ense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data	T 5	
Date	Payee name The Coher Crown BLLC	
04/25/2024	The Gober Group PLLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$543.40	PO Box 341016	
Expenditure from		
corporate funds	Austin, TX 78734	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete	
	Check if Austin, TX, officeholder living expo	ense
	Legal Consulting Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
D-1-	T -	
Date	Payee name The Tem Maynard Compaign	
05/14/2024	The Tom Maynard Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	PO Box 625	
Expenditure from		
corporate funds	Florence, TX 76527	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Campaign Contribution	ense
	Campaign Contribution	
Complete CNII V if divert	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 18/20	Charter Schools Now PAC 00080619
4 Date	5 Payee name
05/17/2024	The Tom Maynard Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	PO Box 625
- Evpanditura from	
Expenditure from corporate funds	Florence, TX 76527
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2024	Thomas Graphics, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$678.36	PO Box 142226
70.0.00	
Expenditure from corporate funds	Austin, TX 78714-2226
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Door Hangers Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/O	Johnson, Jarvis State Senator District 15 State Representative District
Date	Payee name
05/16/2024	Thomas Graphics, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$32,311.07	PO Box 142226
Ψ02,011.07	1 0 50% 142220
Expenditure from corporate funds	Austin, TX 78714-2226
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Direct Mail: Processing, Trucking, and Postage oppositng Ruben Cortez
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff 6/01	

### 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/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	B Filer ID (Ethics Commission Filers)
Sch: 10/11 Rpt: 19/20	Charter Schools Now PAC		00080619
4 Date	5 Payee name		
05/02/2024	Verraton Media LLC		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$18,000.00	1801 Red Bud Ln Ste B #237		
- Evnanditura from			
Expenditure from corporate funds	Round Rock, TX 78664		
8 PURPOSE	(a) Category (See Categories listed at the top of this scher	dule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel ou	tside of Texas. Complete Schedule T.
E/11 E1191. C.1.		<u> </u>	TX, officeholder living expense Buy opposing Ruben Cortez
		Digital Media L	buy opposing Nuberi Cortez
9 Complete ONLY if direct	Candidate/Officeholder name Of	fice sought	Office held
expenditure to benefit C/OI		oo oodg	C33 113.13
Date	Payee name		
05/14/2024	Verraton Media LLC		
Amount (\$)	Payee address; City; State;	Zip Code	
\$50,000.00	1801 Red Bud Ln Ste B #237	Zip Code	
Ψ30,000.00	1001 Ned Bud Ell Ste B #237		
Expenditure from corporate funds	Round Rock, TX 78664		
PURPOSE OF	(a) Category (See Categories listed at the top of this scheme		
EXPENDITURE	Advertising Expense	<u> </u>	rtside of Texas. Complete Schedule T.  TX, officeholder living expense
		I <b>—</b>	Buy: In-kind contribution for Jamie
		Kohlmann Can	
Complete ONLY if direct	Candidate/Officeholder name Of	fice sought	Office held
expenditure to benefit C/OI	-1		
Date	Payee name		
05/01/2024	VoteMap LLC		
Amount (\$)	Payee address; City; State;	Zip Code	
\$7,571.94	12400 W Hwy 71, Ste 350-358	·	
	•		
Expenditure from corporate funds	Austin, TX 78738		
PURPOSE	(a) Category (See Categories listed at the top of this sche-	(b) Description	
OF EXPENDITURE	Advertising Expense	· · /   ·	itside of Texas. Complete Schedule T.
LAFENDITORE		<b>-</b>	TX, officeholder living expense
		Digital Media E	Buy
Complete ONLY if direct	Candidata/Officahaldar nama	fine cought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	fice sought ate Senator District 15	State Representative District
	301113011, 341713	ate Seriator District 15	State Representative District

### 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/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 11/11 Rpt: 20/20	2 FILER NAME Charter Schools Now PAC 3 Filer ID (Ethics Commission Filers) 00080619
4 Date 05/01/2024	5 Payee name VoteMap LLC
6 Amount (\$) \$7,571.94	7 Payee address; City; State; Zip Code 12400 W Hwy 71, Ste 350-358
Expenditure from corporate funds	Austin, TX 78738
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital Media Buy
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Thierry, Shawn State Representative District 146 State Representative District
Date 05/01/2024	Payee name VoteMap LLC
Amount (\$) \$7,571.94	Payee address; City; State; Zip Code 12400 W Hwy 71, Ste 350-358
Expenditure from corporate funds	Austin, TX 78738
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Digital Media Buy
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Gracia, Jonathan State Representative District 37