#### 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) 00088679 3 COMMITTEE NAME **OFFICE USE ONLY** Dr. Wei for RRISD Date Received **ELECTRONICALLY FILED** 07/08/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1003 Wren Ct Date Hand-delivered or Date Postmarked Change of Address Round Rock, TX 78681 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mingfei NAME NICKNAME LAST **SUFFIX** Alice Υi STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6200 Brodie Lane STREET **ADDRESS** (Residence or Business) Austin, TX 78745 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1003 Wren Court MAILING **ADDRESS** Round Rock, TX 78681 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 658-7687 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day **COVERED THROUGH** 06/30/2024 01/01/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)			
Dr. Wei for RRISD			00088679					
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME						
PURPOSE		Dr. Mingyuan Wei						
(Attach lists on plain	X Candidate							
paper to complete this report if necessary.)								
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL Round Rock Independent School District						
		Round Rock independent School District	Trusice					
X SUPPORT								
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE				
OPPOSE			Month	Day	Year			
(Candidate or Measure)								
□ ACCICT	Measure							
ASSIST (Officeholder)		DESCRIPTION						
(Officeriolaer)								
15 CONTRIBUTION	1. TOTAL POLITICAL CON		N PLEDGES.	I				
TOTALS	LOANS, OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE	,	\$	\$0.00			
	ELECTRONICALLY), UN	LESS HEMIZED						
	2. TOTAL POLITICAL C	ONTRIBUTIONS						
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$2,590.00			
EXPENDITURE	3. TOTAL UNITEMIZED PO	NITICAL EXPENDITURES		<u> </u>				
TOTALS	3. TOTAL ONTENIZED TO	ZETTOAL EXTENDITORES		\$	\$0.00			
	4. TOTAL POLITICAL E	XPENDITURES						
				\$	\$1,112.36			
CONTRIBUTION	E TOTAL DOLLTICAL CON	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	<u> </u>				
BALANCE	REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DATOFINE	\$	\$1,477.64			
			, -, · · · · · ·					
OUTSTANDING	1	OUNT OF ALL OUTSTANDING LOANS AS OF	THE LAST					
LOAN TOTALS	DAY OF THE REPORTIN	IG PERIOD		\$	\$0.00			
16 AFFIDAVIT								
		I swear, or affirm, under penalty of perj and correct and includes all informatior						
		Title 15, Election Code.						
		Mine	rfoi Vi					
		Signature of Car	gfei Yi mnaign Treasur	er				
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of San	npaign measure	o.				
Sworn to and subscribed	hefore me, by the said	, tl	nis the		day			
	, 20, to certify which		ady					
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administer	ing oath			
2.9 5. 5 5 6	9	and the second second second second	5. 5.1100		J			

### **SUBTOTALS - SPAC**

## FORM SPAC COVER SHEET PG 3

				_	3 of 20
17 COMM Dr. We		E NAME r RRISD	<b>18</b> Filer ID 00088679	(Ethics Commission	on Filers)
		SUBTOTALS SCHEDULE		SUBTOTAL /	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,590.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	1,112.36
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
I					

	MONET	ARY POLITICAL CONTRIBUT		SCHEDUL	ULE <b>A1</b>		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/20	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 04/17/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
_	Deignigal	Sugar Land, TX 77479	ام	Faralousy (Cool Instruction			
8	Atty	pation / Job title (See Instructions)	9	Employer (See Instructions Self	s) 		
	Date Full name of contributor out-of-state PAC (ID#:)  05/04/2024 Chao, Peter  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78730 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Not Employe			Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID# 04/18/2024 Cheng, Ashley  Contributor address; City; State; Zip Code		#:			Amount of Contribution (\$)	\$100.00
		AUSTIN, TX 78731					
		pation / Job title (See Instructions) ions consultant		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#: 04/18/2024 Cheng, Ashley			)	•	Amount of Contribution (\$)	\$100.00
	'	pation / Job title (See Instructions) ions consultant		Employer (See Instructions Self	5)		
	Date 04/17/2024	Full name of contributor out-of-state PAC (ID Cheng, Zhengang  Contributor address; City; State; Zip Code  Raleigh, NC 27606			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/20	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 05/14/2024	<ul> <li>5 Full name of contributor</li> <li>Griffith, Idona</li> <li>6 Contributor address; City; States</li> <li>Austin, TX 78759</li> </ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not employe	pation / Job title (See Instructions)	9	Employer (See Instructions Not employed	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/18/2024 Huang, Hua  Contributor address; City; State; Zip Code  Missouri City, TX 77459				Amount of Contribution (\$)	\$100.00	
	Principal occupation / Job title (See Instructions) Employer ( Consultant PwC				<u>l</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/17/2024 Jia, Ying  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Keller, TX 76248  pation / Job title (See Instructions)  Manager		Employer (See Instructions Comerica Bank	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID# 05/03/2024 Kondra, Dhanashri  Contributor address; City; State; Zip Code  Austin, TX 78759			)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	<u>(</u>		
	Date 06/03/2024	Full name of contributor Kondra, Dhanashri Contributor address; City; Sta	)		Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			<del></del>	<del></del>			

	MONET	ARY POLITICAL CONT		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/20	
2	FILER NAME Dr. Wei for R	RISD			3	Filer ID (Ethics Commission 00088679	on Filers)
4	Date 04/18/2024	Li, Hugh  6 Contributor address; City; State; Zip C	-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78730 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:)  05/29/2024 Li, Zebao  Contributor address; City; State; Zip Code  Round Rock, TX 78664					Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Not Employe			Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID#:			)		Amount of Contribution (\$)	\$100.00
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
				Dell	,		
	Date Full name of contributor out-of-state PAC (III 04/28/2024 Molis, Rebecca  Contributor address; City; State; Zip Code  Round Rock, TX 78681			)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 05/28/2024	Molis, Rebecca	-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employe	u		Not Employed			

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/20	
2	FILER NAME Dr. Wei for R	PISD			3	Filer ID (Ethics Commission 00088679	n Filers)
_					Ļ		
4	Date 05/28/2024	5 Full name of contributor out-of-state PAC (ID#:)  Molis, Rebecca  6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		ROUND ROCK, TX 78681-3434					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Program Ma	nager		Dell			
	Date 06/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	00/20/2024		Codo				Ψ23.00
		Contributor address; City; State; Zip	Code				
		Round Rock, TX 78681					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Not Employe	ed		Not Employed			
	Date	Full name of contributor out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/28/2024	Molis, Rebecca					\$25.00
		Contributor address; City; State; Zip Code					
		DOUND DOCK TV 70601 2424					
	Dringinal occu	ROUND ROCK, TX 78681-3434		Employer (See Instructions	·/		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Dell	)		
				Deli			
	Date	<b>–</b>	of-state PAC (ID#:	)		Amount of Contribution (\$)	****
	04/29/2024	Monica, Welch					\$100.00
		Contributor address; City; State; Zip	Code				
		Round Rock, TX 78681-3432					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Artist			Monica Welch			
	Date	Full name of contributor out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/30/2024	QIN, QING		·		(1)	\$25.00
		Contributor address; City; State; Zip	Code				
		,					
		Pearland, TX 77584					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Data Scientis	st		Lime			

	MONET	ARY POLITICAL CONTR		SCHEDULE A			
	The Instruc	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/20	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 05/30/2024	<ul> <li>5 Full name of contributor  out-of-st</li> <li>Shaw, Jean</li> <li>6 Contributor address; City; State; Zip Coo</li> </ul>		)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78750					
8 Principal occu Engineer		pation / Job title (See Instructions)	9	Employer (See Instructions Texas Commission on E		ironmental Quality	
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Physician			VA			
	Date Full name of contributor out-of-state PAC (ID#: 04/18/2024 Wang, Haojun  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77004-7111					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions)  Not Employed			
	Date Full name of contributor out-of-state PAC (II  04/30/2024 Wu, Hanyu					Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions RRISD	5)		
	Date 04/18/2024	Wu, Xiaoyu				Amount of Contribution (\$)	\$10.00
	Principal occu Software En	pation / Job title (See Instructions)		Employer (See Instructions Amazon	5)		
	Soliwale Ell	gii i cci		AHRAUH			

	MONET	ARY POLITICAL CON		SCHEDULE A			
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/20	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	ı Filers)
4	Date 05/02/2024	Xiao, Fei	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
0	Pflugerville, TX 78660  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)				_		
8	Not Employe		9	Not Employed	)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/17/2024 Xu, June  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Sugar land, TX 77479		Frankrian (Cookarationa			
	Office manag	pation / Job title (See Instructions) ger		Employer (See Instructions Prima smiles	5)		
	04/17/2024 Xu, June		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$75.00
		Sugar land, TX 77479					
	Principal occu Office manag	pation / Job title (See Instructions) ger		Employer (See Instructions Prima smiles			
	Date Full name of contributor out-of-state 04/17/2024 Yu, Xia		ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Data science	pation / Job title (See Instructions)		Employer (See Instructions CNG holdings	)		
	Date 04/17/2024	Full name of contributor o chang, Xiaoan Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu software eng	pation / Job title (See Instructions) Jineer		Employer (See Instructions Macdonald's	5)		
			I				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense
eunting/Banking

Event Expense
Event Expense
Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/11 Rpt: 10/20	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	04/17/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(5) 5
•	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/17/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	367 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to belieff 6/01	<u> </u>
	Date	Payee name
	04/18/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	368 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	o.ponanaro to bonont 0/01	•

### 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 Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 11/20	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	04/17/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	369 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ActBlue fundraising fee 3.95%
		Actibide fulfididising fee 0.3370
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	04/17/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	370 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ActBlue fundraising fee 3.95%
		Actual fulful disting fee 3.33%
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
L	·	
	Date	Payee name
	04/17/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	371 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ActBlue fundraising fee 3.95%
		Actual turidialing lee 3.33%
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services The Instruction G	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	12			. ,		-		3	Filer ID	(Ethics Commissi	on Eilore\
1	Sch: 3/11 Rpt: 12/20	_	Dr. Wei for F						3	00088679	(Ethics Commissi	on File(s)
4	Date	5	Payee name									
	04/17/2024		ActBlue									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$0.99		372 Summe	r Street								
			Somerville,	MA 02144								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Com		
	ZA ZHOHORZ							ш		officeholder living		
								ActBlue fundr	ais	ang iee 3.95	90	
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	Office sou	ght			Office he	eid	
	Date		Payee name									
	04/17/2024		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$2.96		373 Summe	r Street								
			Somerville,	MA 02144								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					<b>=</b>		de of Texas. Com officeholder living		
								ActBlue fundr				
								7.002.00.00.00.	00	g		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office soug	ght			Office he	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	04/18/2024		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$0.99		374 Summe	r Street								
			Somerville,	MA 02144								
	PURPOSE OF	ı		e Categories listed at t	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					ш		de of Texas. Com officeholder living	•	
								ActBlue fundr				
								o.b.ao iailai	. u.u	9 100 0100	. •	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office soug	thr			Office he	əld	
	expenditure to benefit C/O				O		c			211100 110	-· <del>-</del>	

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 4/11 Rpt: 13/20	Dr. Wei for RRISD         00088679	
4	Date	5 Payee name	
	04/18/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	375 Summer Street	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		ActBlue fundraising fee 3.95%	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_	Data		_
	Date	Payee name	
	04/18/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	376 Summer Street	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  ActBlue fundraising fee 3.95%	
		A Substantial and the Comment of the	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	Date	Payee name	_
	04/18/2024	ActBlue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 377 Summer Street	
	φ0.40	377 Summer Street	
		O W. MA 00444	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		ActBlue fundraising fee 3.95%	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee I	Gift/Awards/Memorials Legal Services The Instruction Gu	·		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above	e)
1	Total pages Schedule F1:	2 -							3	Filer ID	(Ethics Commission	Eilore)
1	Sch: 5/11 Rpt: 14/20	l	Dr. Wei for F	RRISD					3	00088679	(Ethics Commission	riieis)
4	Date	5 F	Payee name									
	04/18/2024	ı	ActBlue									
6	Amount (\$) \$3.95	ı	Payee addres 378 Summe		State;	Zip Coo	de					
		9	Somerville, N	ИА 02144								
8	PURPOSE	(a) (	Category (See	e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF	l	Fees	o catogorios notou at a	10 100 01 1110 00110	, auto)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	expense	
								ActBlue fundr	rais	ing fee 3.95	%	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	0	ffice soug	ght			Office he	eld	
	Date	F	Payee name									
	04/28/2024	/	ActBlue									
	Amount (\$)	F	Payee addres	s; City;	State:	Zip Cod	de					
	\$3.95	l	379 Summe	-	•	·						
	Ψ0.00	`	370 0011111101	Cucci								
		5	Somerville, N	ИА 02144								
	PURPOSE	(a) (	Category (See	e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	Fees					<b>=</b>		de of Texas. Com		
								ш		officeholder living		
								ActBlue fundr	ais	ing iee 3.95	90	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	0	ffice soug	ght			Office he	eld	
	Date	F	Payee name									
	04/28/2024	/	ActBlue									
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Cod	de					
	\$0.99	l	380 Summe	-	•	•						
	, 5.00	`										
			Somerville, N	ИА 02144								
	PURPOSE OF	l		e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE	F	Fees					ш		de of Texas. Com	•	
								_		officeholder living		
								ActBlue fundr	ais	ing iee 3.95	70	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	0	ffice soug	ght			Office he	eld	
L	CAPCHURUIC TO DEFICIR C/OI											

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1: Sch: 6/11 Rpt: 15/20	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679
4	Date 04/29/2024	5 Payee name ActBlue	I
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code 381 Summer Street	
8	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Blue fundraising fee 3.95%
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/30/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 382 Summer Street  Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Desc  Cr	cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Blue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/02/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 383 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Blue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	plete	e this form.
1	, -	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 16/20	Dr. Wei for RRISD		00088679
4	Date	5 Payee name		
	05/03/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$0.99	384 Summer Street		
		Companilla MA 02144		
_		Somerville, MA 02144		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	D) [	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees	Ė	Check if Austin, TX, officeholder living expense
			A	ActBlue fundraising fee 3.95%
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt	Office held
	Date	Payee name		
	05/04/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$9.88	385 Summer Street		
		Comonillo MA 02144		
	DUDDOOF	Somerville, MA 02144	ı. <b>.</b>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	о) [ Т	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees	Ē	Check if Austin, TX, officeholder living expense
			P	ActBlue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt	Office held
	Date 05/14/2024	Payee name ActBlue		
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 386 Summer Street	е	
	Ψ0.33	300 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(4)	<b>h)</b> г	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Σ, [	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ē	Check if Austin, TX, officeholder living expense
			A	ActBlue fundraising fee 3.95%
	Complete ONLY if divert	Condidate/Officeholder name Office accepts	at.	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Il	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
	orean oura'r dyment			The Instruction Gu	ide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 8/11 Rpt: 17/20		Dr. Wei for F	RRISD						00088679		
4	Date	5	Payee name									
	05/28/2024		ActBlue									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zij	p Cod	е					
	\$0.99		366 Summe	r Street								
			Somerville,	MA 02144								
8	PURPOSE	(2)				1	h)	Description				
°	OF	(a)	,	e Categories listed at th	e top of this schedule		IJ	Description  Check if travel of	nutsi	de of Texas Cor	nplete Schedule T.	
	EXPENDITURE		Fees					<b>=</b>		officeholder livin		
								ActBlue fundr	rais	ing fee 3.9	5%	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sougl	ht			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/28/2024		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State; Zij	p Cod	е					
	\$0.99		367 Summe	r Street								
	,											
			Somerville,	MA 021 <i>44</i>								
	DUDDOCE	(-)				1,	'L-\					
	PURPOSE OF	(a)		e Categories listed at th	e top of this schedule		D)	Description  Check if travel (	nutsi	de of Texas Cor	nplete Schedule T.	
	EXPENDITURE		Fees					<b>=</b>		officeholder livin		
								ActBlue fundr	rais	ing fee 3.9	5%	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sougl	ht			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/29/2024		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	е					
	\$0.99		368 Summe	r Street								
			Somerville,	MA 02144								
	PURPOSE	(a)		e Categories listed at th	o top of this sahadul-	<u>, [1</u>	b)	Description				
	OF	``	Fees	e Calegories listed at ti	le top of this schedule,	, [	-,		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	, TX,	officeholder livin	ig expense	
								ActBlue fundr	rais	ing fee 3.9	5%	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sougl	ht			Office h	ield	
L	expenditure to benefit C/OI											

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/\	xpense Vages/Contr		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1: Sch: 9/11 Rpt: 18/20	2 FILER NAM Dr. Wei for				3	Filer ID 00088679	(Ethics Commission Filers)
_	-						00000019	
4	Date 05/29/2024	5 Payee name ActBlue	e 					
6	Amount (\$)	7 Payee addr		State; Zip Co	ode			
	\$3.95	369 Summ	ner Street					
		Somerville	, MA 02144					
8	PURPOSE	(a) Category (	See Categories listed at the top of	of this schedule)	(b) Des	cription		
	OF EXPENDITURE	Fees					tside of Texas. Com	
							X, officeholder living ising fee 3.95	
							<b>3</b>	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	<u>I</u> ıght		Office he	eld
H	Date	Payee name	<del></del>					
	05/30/2024	ActBlue						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$1.98	370 Summ	ner Street					
		Somerville	, MA 02144					
	PURPOSE	(a) Category (	See Categories listed at the top of	of this schedule)	(b) Des	scription		
	OF EXPENDITURE	Fees					tside of Texas. Com	
							X, officeholder living ising fee 3.95	
					/ 100	Blac fariara	ionig ice o.oc	,,,
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	<u>I</u> ıght		Office he	eld
	Date	Payee name	<del></del>					
	05/30/2024	ActBlue						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$0.99	371 Summ	ner Street					
		Somerville	, MA 02144					
	PURPOSE	(a) Category (	See Categories listed at the top of	of this schedule)	(b) Des	scription		
	OF EXPENDITURE	Fees					tside of Texas. Com	
							$^{ m X}$ , officeholder living ising fee 3.95	
					1 7.00	1411414	100 0.00	·- •
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	<u>I</u> ıght		Office he	eld
	experiorare to benefit C/Of	1						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 19/20	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	06/03/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	372 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ActBlue fundraising fee 3.95%
		Actibide fulfididising fee 0.3370
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	·	
	Date	Payee name
	06/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	372 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ActBlue fundraising fee 3.95%
		Actual fulful disting fee 3.33%
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	372 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Complete ONLY !! -!!!	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/11 Rpt: 20/20	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	06/30/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
_	Date	Payee name
	05/15/2024	Ki Connect, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14900 Avery Ranch Blvd
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C200-109
		Austin, TX 78717
	DUDDOOF	
	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
		social media content generation, script writing,
		campaign strategy development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	06/24/2024	Ki Connect, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	14900 Avery Ranch Blvd
		C200-109
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		social media content generation, script writing, campaign strategy development
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	