### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form.          1       Filer ID       2         (Ethics Commission Filers)       00080619       2					2 Total pages filed: 38
3	COMMITTEE NAME					OFFICE USE ONLY
	Charter Schools N	ow PAC				Date Received ELECTRONICALLY FILED 07/15/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; ZIP COD	E	
	ADDRESS	3005 S. Lamar Blvd				Date Hand-delivered or Date Postmarked
	Change of Address	Suite D109 #250				
		Austin, TX 78704				Receipt # Amount
						Date Processed
						Date Imaged
						Date imageu
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Rex				
		NICKNAME LAST				SUFFIX
		Gore				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CI	TY;	STATE; ZIP CODE
ľ	TREASURER	1304 W. Oltorf St.		/ /	,	
	STREET ADDRESS					
	(Residence or Business)	Austin, TX 78704				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; 0	CITY;	STATE; ZIP CODE
	TREASURER MAILING	3005 S. Lamar Blvd				
	ADDRESS	Suite D109 #250				
	Change of Address	Austin, TX 78704				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION		
	TREASURER PHONE	(512) 694-7777				
9	REPORT TYPE	January 15 3	Oth c	lay before election		Dissolution (Attach PAC-DR)
			h da	ay before election		10th day after campaign treasurer termination
		X July 15	unot	f		lemmation
10	PERIOD	Month Day Year		Month D	ay	Year
	COVERED	-	HRC	DUGH 06/30/		
11	ELECTION	ELECTION DATE			Ξ	
		Month Day Year	Prim	ary X Runoff		Other
			Gene	eral Special		
$\vdash$						
	GO TO PAGE 2					
Foi	rms provided by Te	xas Ethics Commission www.e	thic	s.state.tx.us		Version V4.1.0.d378aba0

### 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 P.	00080619	)			
14 COMMITTEE       1. Candidates       A. Supported       Stephanie Klick State Representative         ACTIVITY       (Identify by name or, if applicable, classify by party.)       A. Supported       Stephanie Klick State Representative					
(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.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,445.02	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	691.53	
	4. TOTAL POLITICA	L EXPENDITURES	\$	128,405.13	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	534,784.74	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Rex	Gore		
		Signature of Ca	mpaign Treasi	urer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
		, tł	nis the	day	
of	_, 20, to certify v	vhich, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath	
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0	

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

Page 3 of 38

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Charter Schools Now P	AC			00080619	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Alex Kamkar	State Representativ	/e	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Alex Kamkar	State Representativ	/e	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jarvis Johnson	n 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.)				

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

Page 4 of 38

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
Charter Schools Now P	AC			00080619		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tom Maynard State Board Of Ed	ducation		
(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	Ionathan Gracia, State Penreser	ntativo		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		d Jonathan Gracia State Representative			
(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	Brent Hagenbuch State Senator			
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.)					

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC

Page 5 of 38

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
Charter Schools Now P				00080619		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jamie Kohlmann	State Board Of	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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dade Phelan Sta	ate Representati	ve	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Shawn Thierry S	tate Representa	ative	
(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.)		esthice state to us			Version VA 1.0 d070ebs

#### **GENERAL-PURPOSE COMMITTEE REPORT:** PURPOSE

#### FORM GPAC ADDENDUM

						Page 6 of 38
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Charter Schools Now P.	AC				00080619	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Norma Chavez	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

	FORM	GPAC
COV	ER SHE	ET PG 3 7 of 38

17 COMMITT Charter S	(Ethics Commission Filers)		
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,445.02
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 CORPORA LABOR 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	<b>\$</b> 127,898.18
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 506.95
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	\$		
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 35.59

**SUBTOTALS - GPAC** 

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 8/38	
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ools Now PAC	,		00080619	
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7	Amount of Contribution (\$)	
	06/07/2024	Ay, Fatih				\$26.35
		6 Contributor address; City; State; Zip Code				
			,			
			,			
		Richmond, TX 77406				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	CEO		Harmony Public Schools	ls		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	06/22/2024	Bedell, Renelle	,			\$5.52
		Contributor address; City; State; Zip Code				
			,			
			,			
		Austin, TX 78747	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nonprofit Op	perations	TPCSA			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	05/22/2024	Bedell, Renelle	···			\$5.52
		Contributor address; City; State; Zip Code	,	·		
			,			
			,			
		Austin, TX 78747	,			
	Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	is)		
	Nonprofit Op	perations	TPCSA			
	Date	Full name of contributor out-of-state PAC (ID#	)	┯	Amount of Contribution (\$)	
	06/22/2024	Miller, Amy	··			\$5.00
	00,	Contributor address; City; State; Zip Code				Ŧ= - ·
		Contributor address, City, State, Zip Code	,			
			,			
		Dripping Springs, TX 78620	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L IS)		
		Grassroots Engagement	TPCSA	-,		
	Date	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)	
	05/22/2024	Miller, Amy	۶/ ۱			\$5.00
	00,22,202	Contributor address; City; State; Zip Code		·		¥0.01
			,			
			,			
		Dripping Springs, TX 78620	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		Grassroots Engagement	TPCSA	3)		
<u> </u>						

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 2/4 Rpt: 9/38
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Charter Sch	ools Now PAC		00080619
4	Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of Contribution (\$)
	06/04/2024	Mitchell, Julia		\$10.73
	I	6 Contributor address; City; State; Zip Code		•
	I			
	I			
		Austin, TX 78748		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Fundraising		CSN	
	Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
	05/20/2024	Pappas, James		\$1,000.00
	1	Contributor address; City; State; Zip Code		·
	I			
	I			
		Houston, TX 77024		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
	Investor		JCP Investment Manag	ment, LLC
	Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
	06/22/2024	Salazar, Angel		\$26.35
	I	Contributor address; City; State; Zip Code		1
	I			
	I			
		Kyle, TX 78640		
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
	CRM Admin		TPCSA	
	Date	Full name of contributor Dut-of-state PAC (	(ID#:)	Amount of Contribution (\$)
	05/22/2024	Salazar, Angel		\$26.35
	I	Contributor address; City; State; Zip Code		1
	I			
		Kyle, TX 78640		
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
	CRM Admin		TPCSA	
	Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of Contribution (\$)
	06/07/2024	Wilson, Brent		\$52.40
	I	Contributor address; City; State; Zip Code		
	I			
	I			
		Midlothian, TX 76065		
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	Superintende	ent	Life School	

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 10/38	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ools Now PAC			00080619	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/25/2024	Wilson, Meg				\$62.23
	I	6 Contributor address; City; State; Zip Code		"		
	I					
	I					
	I	Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired	1	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Т	Amount of Contribution (\$)	
	05/25/2024	Wilson, Meg	)		/	\$62.23
	00/20/2021	Contributor address; City; State; Zip Code		·		<i><b>QOLIEO</b></i>
	l	Contributor address, City, State, Zip Code				
	I	Austin, TX 78704				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>റ</u>		
	Retired		Retired	3)		
				1	· - · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2024	Wood, Justin				\$52.40
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Austin, TX 78731	<del>.</del>			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		Schulman, Lopez, Hoffe	er &	Adelstein LLP	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/21/2024	Wood, Justin				\$52.40
	I	Contributor address; City; State; Zip Code		"		
	I					
	I					
	I	Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Schulman, Lopez, Hoffe	er &	Adelstein LLP	
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/25/2024	Wright, Julia				\$26.27
	I	Contributor address; City; State; Zip Code		·		
	I					
	I					
	I	Rosharon, TX 77583				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Superintende			3)		
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MONE	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1	
The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 4/4 Rpt: 11/38	
2 FILER NAME Charter Sch	ools Now PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080619
4 Date 05/25/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Wright, Julia</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7 Amount of Contribution (\$) \$26.27
• Driveland	Rosharon, TX 77583		
8 Principal occ Superintend		9 Employer (See Instructions	)

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/25 Rpt: 12/38	Charter Schools Now PAC 00080619				
4 Date	5 Payee name				
05/21/2024	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$400.30	1340 Poydras St., Ste. 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Merchant Fees</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/22/2024	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$40.30	1340 Poydras St., Ste. 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Merchant Fees</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/24/2024	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$0.52	1340 Poydras St., Ste. 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Merchant Fees</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glift/Awards/Memorials Expense     Printing Expense     Travel Out of District					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/25 Rpt: 13/38	Charter Schools Now PAC 00080619					
4 Date 05/24/2024	5 Payee name Anedot, Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$4.25	1340 Poydras St., Ste. 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Merchant Fees</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/30/2024	Anedot, Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$4.14	1340 Poydras St., Ste. 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Merchant Fees</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/07/2024	Anedot, Inc.					
Amount (\$) \$0.73	Payee address; City; State; Zip Code 1340 Poydras St., Ste. 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Merchant Fees</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/25 Rpt: 14/38	Charter Schools Now PAC 00080619			
4 Date 06/11/2024	5 Payee name Anedot, Inc.			
	7 Payee address; City; State; Zip Code			
6 Amount (\$) \$3.75	1340 Poydras St., Ste. 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Merchant Fees</li> </ul> </li> </ul>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/25/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.40	1340 Poydras St., Ste. 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Merchant Fees</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/26/2024	Anedot, Inc.			
Amount (\$) \$0.52	Payee address; City; State; Zip Code 1340 Poydras St., Ste. 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit Card Merchant Fees</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 4/25 Rpt: 15/38	Charter Schools Now PAC	00080619	
4	Date	5 Payee name		
	06/26/2024	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1.85	1340 Poydras St., Ste. 1770		
	Expenditure from corporate funds	New Orleans, LA 70112		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE		ıtside of Texas. Complete Schedule T. IX, officeholder living expense	
		Credit Card Me		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	06/27/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4.14	1340 Poydras St., Ste. 1770		
	Expenditure from corporate funds	New Orleans, LA 70112		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense erchant Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI			
	Date	Payee name		
	05/22/2024	Arena LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4,043.00	1260 Stringham Ave #350		
	Expenditure from corporate funds	Salt Lake City, UT 84106		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE		Itside of Texas. Complete Schedule T. IX, officeholder living expense -kind contribution to Alex Kamkar	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/Oł			

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 5/25 Rpt: 16/38	Charter Schools Now PAC 00080619						
4 Date 05/22/2024	5 Payee name Arena LLC						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$4,043.00	1260 Stringham Ave #350						
Expenditure from corporate funds	Salt Lake City, UT 84106						
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Direct Mail: In-kind contribution to Alex Kamkar Campaign</li> </ul> </li> </ul>						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
05/22/2024	Arena LLC						
Amount (\$)	Payee address; City; State; Zip Code						
\$4,043.00	1260 Stringham Ave #350						
Expenditure from corporate funds	Salt Lake City, UT 84106						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Direct Mail: In-kind contribution to Alex Kamkar Campaign</li> </ul> </li> </ul>						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Pavee name						
05/22/2024	Arena LLC						
Amount (\$)	Payee address; City; State; Zip Code						
\$4,153.00	1260 Stringham Ave #350						
Expenditure from corporate funds	Salt Lake City, UT 84106						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Direct Mail Design, Printing, Mailing &amp; Postage: In-kind contribution to Stephanie Klick Campaign</li> </ul>						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food/Beverage Expense         Polling Expense         Travel in District           Gitt/Awards/Memorials Expense         Printing Expense         Travel Out of District				
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/25 Rpt: 17/38	Charter Schools Now PAC 00080619				
4 Date 05/22/2024	5 Payee name Arena LLC				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$4,153.00	1260 Stringham Ave #350				
Expenditure from corporate funds	Salt Lake City, UT 84106				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Direct Mail: In-kind contribution to Stephanie Klick Campaign</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/22/2024	Arena LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$4,153.00	1260 Stringham Ave #350				
Expenditure from corporate funds	Salt Lake City, UT 84106				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Direct Mail: In-kind contribution to Stephanie Klick Campaign</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/22/2024	Arena LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$6,687.00	1260 Stringham Ave #350				
Expenditure from corporate funds	Salt Lake City, UT 84106				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Direct Mail: In-kind contribution to Jarvis Johnson Campaign</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           y -         Gift/Awards/Memorials Expense         Printing Expense         T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME 3 F	iler ID (Ethics Commission Filers)			
Sch: 7/25 Rpt: 18/38	Charter Schools Now PAC 0	0080619			
4 Date	5 Payee name				
05/20/2024	CallHub				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$62.50	1811 Silverside Rd.				
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 <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought H Thierry, Shawn State Representative District 14	Office held 6 State Representative District			
Date	Payee name				
05/24/2024	CallHub				
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1811 Silverside Rd.				
Expenditure from corporate funds	Wilmington, DE 19810				
PURPOSE OF EXPENDITURE		of Texas. Complete Schedule T. ficeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
expenditure to benefit C/OF	H Thierry, Shawn State Representative District 14	6 State Representative District			
Date	Payee name				
05/20/2024	CallHub				
Amount (\$)	Payee address; City; State; Zip Code 1811 Silverside Rd.				
\$62.50					
Expenditure from corporate funds	Wilmington, DE 19810				
PURPOSE OF EXPENDITURE		of Texas. Complete Schedule T. ficeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
expenditure to benefit C/OI	<sup>H</sup> Maynard, Tom State Board Of Education Place	e State Board Of Education Place			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 8/25 Rpt: 19/38	Charter Schools Now PAC		00080619	
4 Date	5 Payee name			
05/20/2024	CallHub			
6 Amount (\$)		ate; Zip Code		
\$62.50	1811 Silverside Rd.			
Expenditure from corporate funds	Wilmington, DE 19810			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense CE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Gracia, Jonathan	Office sought State Representative Distri	Office held ict 37	
Date	Payee name			
05/20/2024	CallHub			
Amount (\$) \$62.50	Payee address;       City;       State;       Zip Code         62.50       1811 Silverside Rd.			
Expenditure from corporate funds	Wilmington, DE 19810			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense CE	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O	<sup>H</sup> Klick, Stephanie	State Representative Distri	ict 91 State Representative District 91	
Date	Payee name			
05/20/2024	CallHub			
Amount (\$) \$62.50	Payee address; City; St. 1811 Silverside Rd.	ate; Zip Code		
Expenditure from corporate funds	Wilmington, DE 19810			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense C <b>C</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name <sup>H</sup> Hagenbuch, Brent	Office sought State Senator District 30	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 9/25 Rpt: 20/38	Charter Schools Now PAC		00080619	
4 Date	5 Payee name			
05/20/2024	CallHub			
6 Amount (\$)		Zip Code		
\$62.50	1811 Silverside Rd.			
Expenditure from corporate funds	Wilmington, DE 19810			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched			
EXPENDITURE	Advertising Expense		side of Texas. Complete Schedule T. K, officeholder living expense	
		Texting Service		
		Ŭ		
9 Complete ONLY if direct		fice sought	Office held	
expenditure to benefit C/OI	<sup>H</sup> Kohlmann, Jamie St	ate Board Of Education Pla	ace	
Date	Payee name			
05/20/2024	CallHub			
Amount (\$)	Payee address; City; State;	Zip Code		
\$62.50	1811 Silverside Rd.			
Expenditure from corporate funds	Wilmington, DE 19810			
PURPOSE	(a) Category (See Categories listed at the top of this sched			
OF     Advertising Expense     Check if travel outside of Texas. Complete Schedule T.       EXPENDITURE     Check if Austin, TX, officeholder living expense				
		Texting Service		
		Ŭ		
Complete ONLY if direct		fice sought	Office held	
expenditure to benefit C/OI	<sup>H</sup> Phelan, Dade St	ate Representative District	21 State Representative District 21	
Date	Payee name			
05/20/2024	CallHub			
Amount (\$)	Payee address; City; State;	Zip Code		
\$62.50	1811 Silverside Rd.			
<b></b>				
Expenditure from corporate funds	Wilmington, DE 19810			
PURPOSE OF	(a) Category (See Categories listed at the top of this schere			
EXPENDITURE	Advertising Expense		side of Texas. Complete Schedule T. K, officeholder living expense	
		Texting Service		
Complete ONLY if direct		fice sought	Office held	
expenditure to benefit C/OI	<sup>H</sup> Kamkar, Alex St	ate Representative District	29	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense travel in District aries/Wages/Contract Labor to complete this form. Solicitation/Fundraising Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
Sch: 10/25 Rpt: 21/38	Charter Schools Now PAC	00080619				
4 Date 05/24/2024	5 Payee name CallHub					
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 1811 Silverside Rd.					
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 <u>ONLY</u> if direct expenditure to benefit C/Oł		e sought Office held e Representative District 37				
Date	Payee name					
05/24/2024	CallHub					
Amount (\$) \$125.00	Payee address;       City;       State; Zip Code         \$125.00       1811 Silverside Rd.					
Expenditure from corporate funds	Wilmington, DE 19810					
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				
Complete ONLY if direct		e sought Office held				
expenditure to benefit C/OI	<sup>H</sup> Phelan, Dade Stat	Representative District 21 State Representative District 21				
Date 05/24/2024	Payee name CallHub					
		a Cada				
Amount (\$) \$125.00	Payee address; City; State; Z 1811 Silverside Rd.					
Expenditure from corporate funds	Wilmington, DE 19810					
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				
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held e Representative District 29				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	C F S	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 22/38		Charter Schools Now PAC					00080619
4	Date	5	Payee name					
	05/24/2024		CallHub					
6	Amount (\$)	7	Payee address; City; St	ate;	Zip Co	de		
	\$125.00		1811 Silverside Rd.					
	Expenditure from corporate funds		Wilmington, DE 19810					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedı	ule)	(b) Description		
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
						Texting Servi		
						-		
9	Complete ONLY if direct		Candidate/Officeholder name	Off	ice sou	jht		Office held
	expenditure to benefit C/OF	H k	Klick, Stephanie	Sta	ate Rep	resentative Distr	ict 9	91 State Representative District 91
	Date		Payee name					
	05/24/2024		CallHub					
	Amount (\$)		Payee address; City; St	ate;	Zip Co	de		
	\$125.00		1811 Silverside Rd.					
	Expenditure from corporate funds		Wilmington, DE 19810					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedı	ule)	(b) Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
					Texting Servi		Uniceriolder living expense	
						i ontang olor n		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Off	ice sou	jht		Office held
	expenditure to benefit C/OI	H F	lagenbuch, Brent			ator District 30		
	Date		Payee name					
	05/24/2024		CallHub					
	Amount (\$)	⊢	Payee address; City; St	ate;	Zip Co	de		
	\$125.00		1811 Silverside Rd.					
	Expenditure from corporate funds		Wilmington, DE 19810					
	PURPOSE OF		Category (See Categories listed at the top of this	s schedı	ule)	(b) Description		de ef Teures, Complete Calasticita T
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
						Texting Servi		
						-		
	Complete ONLY if direct		Candidate/Officeholder name	Off	ice sou	jht		Office held
	expenditure to benefit C/OF	ΗN	Naynard, Tom	Sta	ate Boa	rd Of Education	Pla	ce State Board Of Education Place

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 12/25 Rpt: 23/38	Charter Schools Now PAC 00080619		
4 Date	5 Payee name		
05/24/2024	CallHub		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$125.00	1811 Silverside Rd.		
Expenditure from corporate funds	Wilmington, DE 19810		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
05/22/2024	Carr Marketing, Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$613.15	131 Honeycomb Ct		
Expenditure from corporate funds	Encinitas, CA 92024		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Message Phone Calls		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	<sup>H</sup> Thierry, Shawn State Representative District 146 State Representative District		
Date	Payee name		
05/22/2024	Carr Marketing, Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,516.80	131 Honeycomb Ct		
+=,0=0100			
Expenditure from corporate funds	Encinitas, CA 92024		
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 Message Phone Calls		
	Wessaye Fiblie Calls		
Complete ONU V if dire at	Condidate/Office helder nome Office equalst		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held <sup>H</sup> Thierry, Shawn State Representative District 146 State Representative District		
	Thierry, Shawn       State Representative District 146 State Representative District		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						
1 -	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 13/25 Rpt: 24/38	Charter Schools Now PAC	00080619					
4 [	Date	Payee name						
(	05/22/2024	Carr Marketing, Inc						
6 /	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,567.68	131 Honeycomb Ct						
	Expenditure from corporate funds	Encinitas, CA 92024						
8	PURPOSE OF EXPENDITURE	Advertising Expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
		Johnson, Jarvis State Senator District 15	State Representative District					
[	Date	Payee name						
(	05/22/2024	Carr Marketing, Inc						
	Amount (\$)	Payee address; City; State; Zip Code						
\$392.15 131 Honeycomb Ct								
	Expenditure from corporate funds	Encinitas, CA 92024						
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Phone Calls					
(	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held					
6	expenditure to benefit C/OF	Johnson, Jarvis State Senator District 15	State Representative District					
	Date	Payee name						
(	05/22/2024	Carr Marketing, Inc						
,	Amount (\$) \$120.35	Payee address;     City;     State;     Zip Code       131 Honeycomb Ct						
	Expenditure from corporate funds	Encinitas, CA 92024						
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Phone Calls					
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held					
•	expenditure to benefit C/OF	Kamkar, Alex State Representative Dis	strict 29					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 14/25 Rpt: 25/38		Charter Schools Now PAC				00080619		
4	Date	5	Payee name						
	05/22/2024		Carr Marketing, Inc						
6	Amount (\$)	\$) 7 Payee address; City; State; Zip Code							
	\$120.95		131 Honeycomb Ct						
	Expenditure from corporate funds		Encinitas, CA 92024						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.		
					Message Pho		officeholder living expense		
					Message i m	5110	ouis		
9	Complete ONLY if direct		Candidate/Officeholder name	Office so			Office held		
5	expenditure to benefit C/OI				•	ict 9	91 State Representative District 91		
Date Payee name									
05/22/2024 Carr Marketing, Inc									
	Amount (\$)			e; Zip C	Code				
	\$191.36		131 Honeycomb Ct						
	Expenditure from corporate funds		Encinitas, CA 92024						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T. officeholder living expense		
					Message Pho				
					Wessage Ph	5110	ouis		
	Complete ONLY if direct		Candidate/Officeholder name	Office so			Office held		
	expenditure to benefit C/OI				0	ict 9	91 State Representative District 91		
_			-						
	Date		Payee name						
	05/22/2024		Carr Marketing, Inc						
	Amount (\$)			e; Zip C	Code				
	\$242.88		131 Honeycomb Ct						
	Expenditure from corporate funds		Encinitas, CA 92024		_				
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.		
					Message Pho		officeholder living expense		
					Wessaye Pill	5110	Cailo		
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office so			Office held		
	expenditure to benefit C/Oł				0	ict '			
	State Representative District 29								

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       r -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 15/25 Rpt: 26/38	Charter Schools Now PAC 00080619						
4 Date	Payee name						
05/29/2024	Carr Marketing, Inc						
6 Amount (\$) \$120.35	7 Payee address; City; State; Zip Code 131 Honeycomb Ct						
Expenditure from corporate funds	Encinitas, CA 92024						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       Message Phone Calls							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtOffice heldHKamkar, AlexState Representative District 29						
Date	Payee name						
05/29/2024 Carr Marketing, Inc							
Amount (\$) \$120.95	Payee address; City; State; Zip Code 131 Honeycomb Ct						
Expenditure from corporate funds	Encinitas, CA 92024						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Message Phone Calls</li> </ul>						
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	HKlick, StephanieState Representative District 91State Representative District 91						
Date	Payee name						
05/29/2024	Carr Marketing, Inc						
Amount (\$) \$392.15	Payee address; City; State; Zip Code 131 Honeycomb Ct						
Expenditure from corporate funds	Encinitas, CA 92024						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Message Phone Calls</li> </ul>						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Johnson, JarvisState Senator District 15State Representative District						

	EXPENDITURE CATEGORIES F	OR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense sWages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
<b>1</b> Total pages Schedule F1:	2 FILER NAME							
Sch: 16/25 Rpt: 27/38	Charter Schools Now PAC	Charter Schools Now PAC 00080619						
4 Date	5 Payee name	Pavee name						
05/29/2024	Carr Marketing, Inc							
6 Amount (\$) \$613.15	7 Payee address; City; State; Zip Code 131 Honeycomb Ct							
Expenditure from corporate funds	Encinitas, CA 92024							
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 Message Phone Calls						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O								
Date     Payee name       06/28/2024     Carr Marketing, Inc								
Amount (\$)     Payee address;     City;     State;     Zip Code       \$920.00     131 Honeycomb Ct								
Expenditure from corporate funds	Encinitas, CA 92024							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		side of Texas. Complete Schedule T. K, officeholder living expense e Calls					
Complete ONLY if direct	Candidate/Officeholder name Office s	bught	Office held					
expenditure to benefit C/O	<sup>H</sup> Johnson, Jarvis State Senator District 15 State Representative District							
Date 06/28/2024	Payee name Carr Marketing, Inc							
Amount (\$) \$1,588.00	Payee address; City; State; Zip 131 Honeycomb Ct	Code						
Expenditure from corporate funds	Encinitas, CA 92024							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		side of Texas. Complete Schedule T. K, officeholder living expense e Calls					
Complete ONLY if direct	Candidate/Officeholder name Office s	0	Office held					
expenditure to benefit C/O	<sup>H</sup> Johnson, Jarvis State S	enator District 15	State Representative District					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 17/25 Rpt: 28/38	Charter Schools Now PAC 00080619						
4 Date 06/28/2024	5 Payee name Carr Marketing, Inc						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,672.96	131 Honeycomb Ct						
Expenditure from							
corporate funds	Encinitas, CA 92024						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Construction of the second schedule of the second schedule of the second schedule of the schedu							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
expenditure to benefit C/OI	<sup>1</sup> Thierry, Shawn State Representative	District 146 State Representative District					
Date	Payee name						
05/20/2024	Charter Schools Now						
Amount (\$)	Payee address; City; State; Zip Code						
\$41,557.45							
Expenditure from corporate funds	Austin, TX 78704						
PURPOSE OF EXPENDITURE		on i travel outside of Texas. Complete Schedule T. <sup>:</sup> Austin, TX, officeholder living expense ne Reimbursement to CSN					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
06/19/2024	Charter Schools Now						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,500.00	3005 S Lamar Blvd, Ste D-447						
Expenditure from corporate funds	Austin, TX 78704						
PURPOSE OF EXPENDITURE		on i travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ne Reimbursement to CSN					
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH       Office held       Office held							

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement     Solicitation/Fundraising Expense       Overhead/Rental Expense     Transportation Equipment & Related Expense       g Expense     Travel in District       mg Expense     Travel Out of District       ocomplete this form.     OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
Sch: 18/25 Rpt: 29/38	Charter Schools Now PAC	00080619					
4 Date	5 Payee name						
05/22/2024	Facebook						
6 Amount (\$)	7 Payee address; City; State; Zip	Code					
\$264.96	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)	(b) Description					
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Social Media Advertising					
9 Complete ONLY if direct		sought Office held					
expenditure to benefit C/O	<sup>H</sup> Thierry, Shawn State	Representative District 146 State Representative District					
Date Payee name							
05/22/2024	Facebook						
Amount (\$)	Payee address; City; State; Zip Code						
\$597.57	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. Check if Austin, TX, officeholder living expense					
		Social Media Advertising					
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held					
expenditure to benefit C/O	<sup>H</sup> Johnson, Jarvis State	Senator District 15 State Representative District					
Date	Payee name						
05/28/2024	Facebook						
Amount (\$)	Payee address; City; State; Zip	Code					
\$36.65	1 Hacker Way						
Expenditure from corporate funds	Menlo Park, CA 94022						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
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		sought Office held					
expenditure to benefit C/O	<sup>H</sup> Thierry, Shawn State	Representative District 146 State Representative District					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E /- Gift/Awards/Memorials Expense Printing I	Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 19/25 Rpt: 30/38	Charter Schools Now PAC	00080619					
4 Date 05/28/2024	5 Payee name Facebook						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$397.56	\$397.56 1 Hacker Way						
Expenditure from corporate funds							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Social Media Advertising       Social Media Advertising							
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held					
expenditure to benefit C/OI	<sup>H</sup> Johnson, Jarvis State Se	enator District 15 State Representative District					
Date	Payee name						
05/28/2024 Facebook							
Amount (\$)	Payee address; City; State; Zip C	ode					
\$433.59							
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 so	ught Office held					
expenditure to benefit C/OI	<sup>H</sup> Kamkar, Alex State Re	epresentative District 29					
Date	Payee name						
05/28/2024	Facebook						
Amount (\$) \$491.74	Payee address; City; State; Zip C 1 Hacker Way	ode					
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/OI	Candidate/Officeholder name Office so	с -					
	State Representative District 37						

			EXPENDITURE	E CATEGOR	RIES FOF	вох	8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment				ental Expense ontract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel in District Travel Out of District OTHER (enter a category not listed above)		quipment & Related Expense trict			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 20/25 Rpt: 31/38		Charter Schools Now PAC 00080619							
4	Date 05/28/2024	5	Payee name Facebook							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$647.86 1 Hacker Way									
	Expenditure from corporate funds		Menlo Park, CA 94022							
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 Check if Austin, TX, officeholder living expense Social Media Advertising										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Klick, Stephanie		Office sou State Rej		ntative Distri	ict 9	Office he 01 State Re	eld epresentative District 91
	Date		Payee name							
05/23/2024			FlexPoint Media Inc							
Amount (\$)			Payee address; City; State; Zip Code							
	\$15,000.00 P.O. Box 1051									
	Expenditure from corporate funds		New Albany, OH 43054							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Advertising Expense	e top of this sch	edule)		Check if Austin,	TX,	le of Texas. Comp officeholder living nd to to Step	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld
	Date		Payee name		_		-		-	
	05/24/2024		Hertz Rental Car							
	Amount (\$) \$268.91		Payee address; City; 1000 International Dr	State;	Zip Co	de				
	Expenditure from corporate funds		Corpus Christi, TX 78406							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Travel In District	e top of this sch	edule)		_	TX,	de of Texas. Comp officeholder living ay of Action	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld

	EXPENDITURE CATEGORIES FOR	R BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex 9 - Gift/Awards/Memorials Expense Printing E	xpense         Travel Out of District           Vages/Contract Labor         OTHER (enter a category not listed above)							
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Sch: 21/25 Rpt: 32/38	Charter Schools Now PAC 00080619								
4 Date	5 Payee name								
05/22/2024	Impact Advertising, LLC								
6 Amount (\$)	7 Payee address; City; State; Zip Co	de							
\$3,614.00	3685 S. 500 W.								
Expenditure from corporate funds	Salt Lake City, UT 84115								
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 Direct Mail Design, Printing, Mailing & Postage: In-							
		kind to Jarvis Johnson Campaign							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held							
Date	Payee name								
05/22/2024	Impact Advertising, LLC								
Amount (\$)	Payee address; City; State; Zip Co	de							
\$3,614.00	\$3,614.00 3685 S. 500 W.								
Expenditure from corporate funds	Salt Lake City, UT 84115								
PURPOSE OF EXPENDITURE	OF Advertising Expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held							
Date	Pavee name								
05/22/2024	Impact Advertising, LLC								
Amount (\$)	Payee address; City; State; Zip Code								
\$3,836.00									
Expenditure from corporate funds	Salt Lake City, UT 84115								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	<ul> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Direct Mail Design, Printing, Mailing &amp; Postage: In- kind to Shawn Thierry Campaign</li> </ul>							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held							

				EXPENDITU	RE CATEGO	RIES FOR	во	X 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment		cal Committee Legal Services Salaries/Wages/Conf		l/Rental Expense e 'Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense					
_		-		The Instruction C	Suide explains	how to cor	nple	te this form.	-			$\neg$
1	Total pages Schedule F1: Sch: 22/25 Rpt: 33/38	I	FILER NAME     3     Filer ID     (Ethics Commission Filer       Charter Schools Now PAC     00080619							(Ethics Commission Filers)		
4	Date	5	Payee name							$\neg$		
	05/22/2024			ertising, LLC								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$3,836.00		3685 S. 500	) W.								
	Expenditure from corporate funds		Salt Lake C	ity, UT 84115								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Direct Mail Design, Printing, Mailing & Post kind to Shawn Thierry Campaign						n expense Mailing & Postage: In-						
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						eld						
	Date		Payee name									
05/22/2024			Lawrence, London									
Amount (\$) Payee address; City; State; Zip Code							┫					
	\$223.91 2601 La Frontera Blvd, Ste 2125											
	Expenditure from corporate funds		Round Rock	<, TX 78681								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Travel In Dis	ee Categories listed at Strict	the top of this sch	nedule)			, TX,	officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H					eld					
	Date		Payee name									=
	05/22/2024		2	vez Campaign								
-	Amount (\$)	-	Payee addres	ss; City;	State	; Zip Co	de					$\neg$
	\$1,000.00		6056 Trowb	ridge								
	Expenditure from corporate funds		El Paso, TX	79905								
	PURPOSE OF EXPENDITURE		Contribution	ee Categories listed at Is/Donations M Officeholder/Pc	lade By	ŕ			, TX,	officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	(	Dffice sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	rerhead/Rental Expense Transp xpense Travel Expense Travel Wages/Contract Labor OTHE	ation/Fundraising Expense oortation Equipment & Related Expense in District Out of District R (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer	ID (Ethics Commission Filers)				
Sch: 23/25 Rpt: 34/38	Charter Schools Now PAC 00080619						
4 Date	Payee name						
06/28/2024	Recasner, Shree						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$69.88	11 Millwright Pl						
Expenditure from corporate funds	Spring, TX 77382						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Travel In District	Check if travel outside of Te					
-		Check if Austin, TX, officeho Mileage Reimbursem					
		Willeage Reimbursen					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee name						
06/28/2024	Recasner, Shree						
Amount (\$) Payee address; City; State; Zip Code							
\$150.19	11 Millwright Pl						
Expenditure from corporate funds	Spring, TX 77382						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Mileage Reimbursem	older living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/28/2024	Recasner, Shree						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$185.50	11 Millwright Pl						
Expenditure from corporate funds	Spring, TX 77382						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Check if travel outside of Te Check if Austin, TX, officeho Mileage Reimbursem	older living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught C	Dffice held				

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overhead/ Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	V/Reimbursement Rental Expense         Solicitation/Fundraising Expense           Transportation Equipment & Related Expense         Travel in District           Travel Out of District         Travel Out of District           Contract Labor         OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
Sch: 24/25 Rpt: 35/38	Charter Schools Now PAC 00080619							
4 Date	5 Payee name							
06/26/2024	Regions Commercial Bankcard							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$506.95	PO Box 2224							
Expenditure from corporate funds								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description						
OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Payment Of Credit Card Bill For Credit Card Expenditures						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
Date	Payee name							
06/04/2024	RightSide Compliance LLC							
Amount (\$)	Payee address; City; State; Zip Code							
\$4,744.00	PO Box 341027							
Expenditure from corporate funds	Austin, TX 78734							
PURPOSE OF EXPENDITURE	Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance Consulting						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
05/21/2024	VanillaGift.com							
Amount (\$)	Payee address; City; State; Zip Code							
\$104.95	PO Box 826							
Expenditure from corporate funds	Forston, GA 31808							
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift Cards for Volunteers						
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense / - Gift/Awards/Memorials Expense		Loan Re Office O Polling B ense Printing	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 c	omple	ete this form.			
1	Total pages Schedule F1:	FILER N	IAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/25 Rpt: 36/38		Schools Now PAC					00080619	
4	Date	Payee n	ame						
	05/21/2024	Vanilla	Gift.com						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$164.75 PO Box 826								
	Expenditure from corporate funds	Forstor	n, GA 31808						
8	PURPOSE OF EXPENDITURE		Y (See Categories listed at the to ards/Memorials Expens		(b)		, TX,	de of Texas. Comp officeholder living D <b>lunteers</b>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	Office so	ught			Office he	łd
	Date	Payee n	ame						
	05/22/2024	VanillaGift.com							
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode				
	\$28.95	PO Box	( 826						
	Expenditure from corporate funds	Forstor	n, GA 31808						
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the to ards/Memorials Expens		(b)		, TX,	de of Texas. Comp officeholder living DlunteerS	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	Office so	ught			Office he	ld
	Date	Payee n	ame						
	06/10/2024	Vantag	e Legal						
	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode				
	\$500.50	PO Bo	< 341016						
	Expenditure from corporate funds	Austin,	TX 78734						
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the to Services	p of this schedule)	(b)		, TX,	de of Texas. Comp officeholder living 3 Services	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	Office so	ught			Office he	ld

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a)         Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         I Committee       Legal Services         Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 37/38	2 FILER NAME Charter Schools Now PAC	3 Filer ID         (Ethics Commission Filers)           00080619
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
5 Date 05/29/2024	6 Payee name VanillaGift.com	
7 Amount (\$) \$506.95 Expenditure from corporate funds	8 Payee address; City; State; Zip Code PO Box 826 Forston, GA 31808	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>Volunteers</b>
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		ages Schedule K: ./1 Rpt: 38/38		
2						iler ID (Ethics Commission Filers)		
	Charter Schools Now PAC				08000			
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	06/26/2024		Amazon.com			\$35.59		
		6	Address of person from whom amount is received; City; State; Zip Code					
			Seattle, WA 98109					
		7		eck if nolit	ical conti	I		
			Credit for returned items	con il polit				
⊢								