CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086986 Date Received COMMITTEE Advocates for LCISD **ELECTRONICALLY FILED** NAME 08/06/2024 TREASURER Turner, Llarance NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 10/29/2023 12/31/2023 **EXPLANATION OF CORRECTION** Contributions from 4 businesses were reported under schedule A1 instead of C1. This report corrects this entry mistake. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Jeffrey Wiley Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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) 00086986 3 COMMITTEE NAME **OFFICE USE ONLY** Advocates for LCISD Date Received **ELECTRONICALLY FILED** 08/06/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3014 Avenue I Date Hand-delivered or Date Postmarked Change of Address Rosenberg, TX 77471 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Llarance NAME NICKNAME LAST **SUFFIX** Turner STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3014 Avenue I STREET **ADDRESS** (Residence or Business) Rosenberg, TX 77471 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3014 Avenue I MAILING **ADDRESS** Rosenberg, TX 77471 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 682-2772 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED 10/29/2023 **THROUGH** 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/07/2023 χ General Special **GO TO PAGE 2**

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Advocates for LCISD			00086986		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate				
терит п песеѕѕагу.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
X SUPPORT					
(Candidate or Measure)			ION DATE		
OPPOSE (Candidate or Measure)		LCISD Bond	Month 11/07/2	Day 2023	Year
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		Proposition A for renovations and improv	ylor Stadiu	m	
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CON LOANS, OR GUARANTE ELECTRONICALLY), UN	I PLEDGES,	\$	\$0.00	
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE		\$	\$3,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PC	LITICAL EXPENDITURES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$908.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	\$	\$12,988.41		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	HE LAST	\$	\$0.00	
16 AFFIDAVIT		I swear, or affirm, under penalty of perj and correct and includes all informatior Title 15, Election Code.			
		Llaranc	e Turner		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	, th	day		
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer add	ministering oath Prin	ted name of officer administering oath	Title of office	er administer	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			4 of 6
17 COMMIT	TEE NAME es for LCISD	18 Filer ID 00086986	(Ethics Commission Filers)
	LE SUBTOTALS = SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$ 3,000.00
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 CONTRIBUTIONS	S	\$ 908.09
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	ONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 5/6			
2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Advocates fo	or LCISD		00086986		
4	Date 11/02/2023	Corporation / Labor Organization name DBR Corporation / Labor Organization address; City; State; Zip Code	7	Amount of contribution (\$) \$500.00		
		HOUSTON, TX 77042				
	Date 11/21/2023	Corporation / Labor Organization name Joiner Architects, Inc. Corporation / Labor Organization address; City; State; Zip Code		Amount of contribution (\$) \$1,000.00		
		Kingwood, TX 77339				
	Date 11/02/2023	Corporation / Labor Organization name Salas O'Brien Corporation / Labor Organization address; City; State; Zip Code		Amount of contribution (\$) \$500.00		
		Houston, TX 77064				
	Date	Corporation / Labor Organization name		Amount of contribution (\$)		
	11/02/2023	Stantec Consulting Services		\$1,000.00		
		Corporation / Labor Organization address; City; State; Zip Code				
		Houston, TX 77002				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By	, - I Coi	mmittee	Gift/Awards/Men Legal Services	norials Expense	Printing Ex Salaries/W	oense ages/Contract I		Travel Out of Dis OTHER (enter a	strict category not listed above)
	2						3		(Ethics Commission Filers)
		Advocates	for LCISD					00086986	
	5	-							
	L								
	7			Stat	e; Zip Co	le			
φ90.09			leid Court						
			x 77096-38	69					
PURPOSE	(a)					(h) Descrir	ntion		
OF	(α)			ed at the top of this s	chedule)			ide of Texas. Com	plete Schedule T.
EXPENDITURE									g expense
						Yard s	ign exper	ises	
Commission ONII V if dispost	<u> </u>	20 m di deta /0#	: b - l - l		Office	·la t		Office h	al d
expenditure to benefit C/Ol	۱ `	Januluale/On	icenoluer nan	ne	Office Sou	IIIL		Office fi	eiu
	Candidate/Officeholder/Political Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 11/02/2023 Amount (\$) \$908.09 PURPOSE OF EXPENDITURE Complete ONLY if direct	Contributions/ Donations Made By - Candidate/Officeholder/Political Concredit Card Payment Total pages Schedule F1: 2 Sch: 1/1 Rpt: 6/6 Date 5 11/02/2023 Amount (\$) 7 \$908.09 PURPOSE OF EXPENDITURE	Complete ONLY if direct Condidate/Officeholder/Political Committee Credit Card Payment Z FILER NAME Advocates File Payee name Texas Came Purpose OF EXPENDITURE Complete ONLY if direct Candidate/Officeholder/Political Committee Committee FILER NAME Advocates Payee name Texas Came Payee addres Payee addres Advertising	Complete ONLY if direct Condidate/Officeholder Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 11/02/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct Credit Card Payment 2 FILER NAME Advocates for LCISD Purpose Advocates for LCISD 7 Payee andress; City; 9600 Glenfield Court Suite 148 Houston, TX 77096-380 Advertising Expense	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 11/02/2023 Amount (\$) PURPOSE OF EXPENDITURE Credit Card Payment Total pages Schedule F1: 2 FILER NAME Advocates for LCISD FILER NAME Advocates for LCISD 7 Payee name Texas Campaigns 7 Payee address; City; State 9600 Glenfield Court Suite 148 Houston, TX 77096-3869 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this state) Advertising Expense	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 11/02/2023 Amount (\$) Purpose OF EXPENDITURE Complete ONLY if direct Credit Card Payment Salaries/Wards/Memorials Expense Printing Expanse Regal Services Pirinting Expanse Printing Expanse Regal Services Pirinting Expanse Printing Expanse Regal Services Pirinting Expanse Printing Expanse Regal Services Page Regal Services Pirinting Expanse Printing Expanse Regal Regal Services Pirinting Expanse Printing Pri	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 11/02/2023 Amount (\$) Purpose OF EXPENDITURE Candidate/Officeholder (Sandidate/Officeholder name) Complete ONLY if direct Gift/Awards/Memorials Expense Legal Services Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract I Gift/Awards/Memorials Expense Printing Expense Palaries/Wages/Contract I The Instruction Guide explains how to complete this for the palaries was all pa	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 11/02/2023 Amount (\$) Purpose OF EXPENDITURE Candidate/Officeholder / Political Committee Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Cift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Advocates for LCISD 3 Advocates for LCISD 5 Payee name Texas Campaigns 7 Payee address; City; State; Zip Code 9600 Glenfield Court Suite 148 Houston, TX 77096-3869 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Candidate/Officeholder name Office sought	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Advocates for LCISD 5 Payee name Texas Campaigns Amount (\$) 7 Payee address; City; State; Zip Code \$908.09 \$908.09 \$908.09 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Office sought Office how of Direct Address and Salaries/Wages/Contract Labor Travel Out of Direct Address and Sa