DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00081585						2 Total pages filed: 5	
3 FILER NAME	MS / MRS / MR	FIRST		МІ	OFFICE	USE ONLY	
	Mr.	David			Date Received		
	NICKNAME	LAST		SUFFIX	ELECTRONIC	ALLY FILED	
		Schmidt			10/04/2024		
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE	1		
	3011 Quail Run Dr	·			Date Hand delivered	or Data Daatmarked	
l					Date Hand-delivered	or Date Postmarked	
Change of Address	Round Rock, TX 78681-	1204			Receipt #	Amount	
5 FILER PHONE	AREA CODE PHO	ONE NUMBER	EXTENSION				
	(512) 218-1989				Date Processed		
6 REPORT TYPE	January 15	X 30	Oth day before election		Date Imaged		
	July 15	☐ 8t	h day before election				
			unoff				
			unon				
7 PERIOD	Month Day Year	•		Month Day	Year		
COVERED	09/18/2024	TI	HROUGH	09/26/202	24		
8 ELECTION	ELECTION DATE	.	. —	ELECTION T	_		
	Month Day Year 11/05/2024		Primary	Runoff	Other		
	11/03/2024	X	General	Special			
9 FILER	1. Candidates	A. Supported					
ACTIVITY	(Identify by name or, if applicable, classify by party.)						
/A 1 P .							
(Attach lists on plain paper to		B. Opposed					
complete this							
report if necessary.)	2 Magauraa	A. Supported					
	Measures (Describe by date and	A. Supported					
	location of election and nature of issue.)						
		B. Opposed B	allot ID:RRISD Bond	d Election Date:	2024-11-05 Des	c:Opposed to	
			ound Rock ISD Bon				
	Officeholders Assisted						
	(Identify by name or, if						
	applicable, classify by party.)						
	GO TO PAGE 2						
			I T AOL Z				

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 2

10	FILER NAME							11 Filer ID	(Ethics Commission Filers)	
	Schmidt, David (Mr.)							00081585		
	EXPENDITURE TOTALS	1. TOTAL	UNITEMIZED) POLITICAL	. EXPENDITU	RES		\$	0.0	00
		2. TOTAL	. POLITICA	L EXPEND	ITURES			\$	1,312.3	32
13	AFFIDAVIT									
					true and cor	offirm, under per rect and includ .5, Election Co	es all infor	erjury, that the ac mation required	ecompanying report is to be reported by me	
							Mr. Davi	d Schmidt		
							Signatu	re of Filer		
					Sian	ature of individu		or	n behalf of entity	
					Sigir			r is an entity)	r benair or entity	
	AFFIX NOTARY STAMP	/ SEAL ABO	VE							
	Sworn to and subscribed							his the	day	
	of	, 20	, to certify v	which, witnes	s my hand an	d seal of office				
	Signature of officer add	ministering o	ath	Printed name	e of officer ad	ministering oatl	า	Title of office	er administering oath	

,	SUE	3T(OTALS - DCE		FORM DCE
				CC	OVER SHEET PG 3 3 of 5
	FILER		IE David (Mr.)	15 Filer ID 00081585	(Ethics Commission Filers)
			SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
	1.	X	SCHEDULE F1: POLITICAL EXPENDITURES		\$ 1,312.32
2	2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
;	3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/5	2 FILER NAME Schmidt, David (Mr.)		3 Filer ID (Ethics Commission Filers) 00081585
 4 Date 09/18/2024 6 Amount (\$) \$108.03 	 Payee name American Fence & Supply Payee address; City; State; Zip Co 301 N IH35 	de	
Expenditure from corporate funds	Georgetown, TX 78628		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel sign stakes	outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held
Date 09/19/2024	Payee name Austin Print Company		
Amount (\$) \$520.90 Expenditure from corporate funds	Payee address; City; State; Zip Co 2000 Windy Terrace Suite 21A Cedar Park, TX 78613	de	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel T-Shirts	outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul H	ght	Office held
Date 09/18/2024	Payee name Build A Sign		
Amount (\$) \$139.77 Expenditure from corporate funds	Payee address; City; State; Zip Co 11525 Stonehollow Dr. STE B220 Austin, TX 78758	de	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel Signs	outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00081585 Sch: 2/2 Rpt: 5/5 Schmidt, David (Mr.) 4 Date Payee name 09/23/2024 Dirt Cheap Signs 6 Amount (\$) Payee address; State; Zip Code \$543.62 6706 Lohman Ford Rd Expenditure from Lago Vista, TX 78645 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH