FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088679 3 COMMITTEE NAME **OFFICE USE ONLY** Dr. Wei for RRISD Date Received **ELECTRONICALLY FILED** 10/03/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1003 Wren Ct Date Hand-delivered or Date Postmarked Change of Address Round Rock, TX 78681 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mingfei NAME NICKNAME LAST **SUFFIX** Alice Υi STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6200 Brodie Lane STREET **ADDRESS** (Residence or Business) Austin, TX 78745 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1003 Wren Court MAILING **ADDRESS** Round Rock, TX 78681 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 658-7687 PHONE REPORT X 30th day before election January 15 Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day **COVERED** 07/01/2024 **THROUGH** 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		1:	13 Filer ID	(Ethics Com	mission Filers)
Dr. Wei for RRISD			00088679		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Dr. Mingyuan Wei			
(Attach lists on plain paper to complete this	X Candidate				
report if necessary.)	Officeholder				
		OFFICE SOUGHT (candidate) / OFFICE HELD School Board	,		
X SUPPORT		BALLOT IDENTIFICATION / #			
(Candidate or Measure)			ON DATE	V	
OPPOSE			Month	Day	Year
(Candidate or Measure)	_				
ASSIST	Measure	DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	\$	ФО ОО
TOTALO	ELECTRONICALLY), U]*	\$0.00
	2. TOTAL POLITICAL (CONTRIBUTIONS		1	
		ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$6,341.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURES		\$	ታ Ω ΩΩ
				*	\$0.00
	4. TOTAL POLITICAL I	EXPENDITURES			
				\$	\$2,861.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COI	NTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY OF THE	\$	\$3,479.42
				*	Ψ3,479.42
OUTSTANDING	6. TOTAL PRINCIPAL AM	OUNT OF ALL OUTSTANDING LOANS AS OF T	HE LAST		
LOAN TOTALS	DAY OF THE REPORT			\$	\$0.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of perju and correct and includes all information			
		Title 15, Election Code.			
		Mina	foi Vi		
		Signature of Can	fei Yi npaign Treasure	er	
AFFIX NOTARY	STAMP / SEAL ABOVE	3	13		
Sworn to and subscribed	before me, by the said	, th	is the		day
		ch, witness my hand and seal of office.			
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administer	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			3 of 42
17 COMMITTE Dr. Wei fo		18 Filer ID 00088679	(Ethics Commission Filers)
19 SCHEDULI NAME OF	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,341.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 2,861.58
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 TO FILER	RETURNED	\$
1			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/42	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 07/30/2024	5 Full name of contributor Angela, Qian6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Engineer Arc	chitect		Dell			
	Date 08/27/2024	Full name of contributor Angela, Qian Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78759			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions Dell	5)		
	<u> </u>						
	Date 09/23/2024	Full name of contributor Anita, Keese Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78729					
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions DSHS	5)		
	Date 09/26/2024	Full name of contributor Anukriti, Mahayan Contributor address; City; State Austin, TX 78754	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/27/2024	Full name of contributor Austin Realtor Jana, Xu Contributor address; City; State Austin, TX 78733	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions TexasRealtorJana LLC	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/42	
2	FILER NAME Dr. Wei for F	RISD			3	Filer ID (Ethics Commission 00088679	ı Filers)
4	Date 08/28/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$65.00
8	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>		
•	Teacher			RRISD	-,		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID Daling, Xu Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Dringinal occu	Austin, TX 78732 pation / Job title (See Instructions)	_	Employer (See Instructions	-) 		
	Not Employe			Not Employed	>)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID Dao, Reyes Contributor address; City; State; Zip Code)#:		•	Amount of Contribution (\$)	\$25.00
		Manor, TX 78653					
	Principal occu Content Mar	pation / Job title (See Instructions) ager		Employer (See Instructions Real Holdings LLC	5)		
	Date 09/08/2024	Full name of contributor out-of-state PAC (ID Derek, Beatty Contributor address; City; State; Zip Code Austin, TX 78726)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Synopsys	5)		
	Date 07/03/2024	Full name of contributor out-of-state PAC (ID Dhanashri, Kondra Contributor address; City; State; Zip Code Austin, TX 78759	#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/42	
2	FILER NAME Dr. Wei for R	RISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 08/03/2024	Dhanashri, Kondra 6 Contributor address; City; State; Zip C	-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	d		Not Employed			
	Date 09/03/2024	Dhanashri, Kondra Contributor address; City; State; Zip C			•	Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 09/12/2024	Full name of contributor out-of Doris, Sanchez Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
		AUSTIN, TX 78729					
		pation / Job title (See Instructions) ions/office Coordinator		Employer (See Instructions Williamson county	s)		
	Date 08/19/2024	Haijun, Wu	-state PAC (ID#:)	•	Amount of Contribution (\$)	\$300.00
	Principal occu Education	pation / Job title (See Instructions)		Employer (See Instructions PREP	5)		
	Date 09/19/2024	Helen, Gu	-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Solera holdings	5)		
	Lugilleel			Soleta Holulliys			

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/42	
2	FILER NAME Dr. Wei for R	RISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 09/24/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8		Missouri City, TX 77459 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Huei-Ju, Chen Contributor address; City; State; Zip Code Austin, TX 78759		PwC	•	Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_ James, Dean Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	Γ	Employer (See Instructions	<u> </u> s)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Janet, Liu Contributor address; City; State; Zip Code		Not Employed		Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75287 pation / Job title (See Instructions)		Employer (See Instructions Cencora	<u> </u> s)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Jie, Luo Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$100.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions REAL International Rea			
			-				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/42	
2	FILER NAME Dr. Wei for F				3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 09/26/2024	5 Full name of contributor Jinhong, Liu6 Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code		7	Amount of Contribution (\$)	\$100.00
8		Leander, TX 78641 pation / Job title (See Instructions)		9 Employer (See Instructions) 5)		
	Date 08/29/2024	Full name of contributor John Bucy Campaign Contributor address; City; Sta Austin, TX 78767 pation / Job title (See Instructions)		AMD Employer (See Instructions	(*)	Amount of Contribution (\$)	\$250.00
	Date 09/10/2024	Full name of contributor Julie, Ching Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	Principal occu IT	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 08/29/2024	Full name of contributor Katherine, Cristobal Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu librarian	pation / Job title (See Instructions)		Employer (See Instructions university	<u> </u> 5)		
	Date 09/21/2024	Full name of contributor Katie, Kizer Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Staffer	pation / Job title (See Instructions)		Employer (See Instructions Krista Laine Campaign	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/42	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 09/26/2024	 5 Full name of contributor out-of-state PAC (ID#:_Katie, Kizer 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78750	T_		L		
8	Principal occu Staffer	pation / Job title (See Instructions)	9	Employer (See Instructions Krista Laine Campaign	5)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Krista, Laine Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$450.00
	Principal occu	pation / Job title (See Instructions)	Γ	Employer (See Instructions	<u> </u>		
Not Employed Not		Not Employed					
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Lei, Medve Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Austin, TX 78759	_				
	Principal occu Software enq	pation / Job title (See Instructions) gineer		Employer (See Instructions Amd	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:_ Li, Zhou Contributor address; City; State; Zip Code ROUND ROCK, TX 78681-1759)		Amount of Contribution (\$)	\$300.00
	Principal occu HR	pation / Job title (See Instructions)		Employer (See Instructions Infraeo. Inc	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_Ling, Wang Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$30.00
	Principal occu software eng	pation / Job title (See Instructions)		Employer (See Instructions Magic Leap	5)		
		•	1	<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTI	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/42	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commissio 00088679	n Filers)
4	Date 09/26/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
8	Principal occu Engineer	Round Rock, TX 78681 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID Meghna, Roy Contributor address; City; State; Zip Code Austin, TX 78717)		Amount of Contribution (\$)	\$150.00
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Pluralsight	<u>l</u> 5)		
	Date 09/26/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$400.00
	Principal occu Not Employe	Cedar Park, TX 78613 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID Min, Choe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Restaurant C	Austin, TX 78750 pation / Job title (See Instructions) CEO		Employer (See Instructions Multiple	<u> </u> s)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID Mingyuan, Wei Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$100.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Real International	s)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/42	
2	FILER NAME Dr. Wei for R	RISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 09/26/2024	 Full name of contributor	,		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Not Employe	Round Rock, TX 78681 pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/24/2024	Full name of contributor out-of-state PA Peter, Liao Contributor address; City; State; Zip Code Arlington, TX 76013				Amount of Contribution (\$)	\$25.00
	Principal occu Scientist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	Date 09/26/2024	Full name of contributor out-of-state PA Qian, Wei Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	Austin, TX 78732-2415 pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	<u> </u> S)		
	Date 07/28/2024	Full name of contributor out-of-state PARebecca, Molis Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 08/28/2024	Full name of contributor out-of-state PA Rebecca, Molis Contributor address; City; State; Zip Code Round Rock, TX 78681)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/42		
2	FILER NAME Dr. Wei for F	RRISD		3	Filer ID (Ethics Commission 00088679	n Filers)	
4	Date 09/23/2024	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$250.00	
_	5	Georgetown, TX 78626		Ĺ			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)			
	Date 09/26/2024	Full name of contributor out-of-state PAC (I Ruiqiang, Zong Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Engineer Tceq						
	Date 09/26/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$50.00	
		Austin, TX 78759					
	Principal occu Shuo Yan	pation / Job title (See Instructions)	Employer (See Instructions Shuo Yan	s)			
Date Full name of contributor out-of-state PAC (ID# 09/11/2024 Suhan, Li Contributor address; City; State; Zip Code		Suhan, Li			Amount of Contribution (\$)	\$150.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions State of Texas	<u> </u> S)			
	Date 09/13/2024	Full name of contributor out-of-state PAC (I Terry G, Cook Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$206.00	
		Round Rock, TX 78681		Ĺ			
	Principal occu Elected Offic	pation / Job title (See Instructions) ial	Employer (See Instructions Williamson County	5)			

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/42	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	n Filers)
4	Date 09/06/2024	 Full name of contributor out-of-state PAC (Wei, Liu Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Austin, TX 78746 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Engineer	panon / cos and (coo mondono)		Dell	-,		
	Date 09/26/2024	Full name of contributor out-of-state PAC (Weining, Zhao Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$50.00
		Cedar Park, TX 78613					
	Principal occup Data Analyst	pation / Job title (See Instructions)		Employer (See Instructions TCEQ	s)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (Xia, Yu Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
		Austin, TX 78732					
	Principal occu Data science	pation / Job title (See Instructions)		Employer (See Instructions CNG holdings	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (Xiao, Tarr Contributor address; City; State; Zip Code Austin, TX 78732)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (Xiaoan, Zhang Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$15.00
	Principal occu Software eng	pation / Job title (See Instructions)		Employer (See Instructions McDonald's	5)		
		•					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/42	
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commission 00088679	ı Filers)
4	Date 08/02/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
8	Principal occur	Austin, TX 78769	<u> </u>	Employer (See Instructions	?) 		
Ū	Principal occupation / Job title (See Instructions) Teacher 9 Employer (See Instructions) College		-,				
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Xin, Liu Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00	
	Pearland, TX 77584-2885				Ĺ		
	Principal occupation / Job title (See Instructions) IT staff			Employer (See Instructions Unipec America Inc	S)		
Date Full name of contributor out-of-state PAC (ID#:_ 09/25/2024 Xin, Rao Contributor address; City; State; Zip Code		#:)	-	Amount of Contribution (\$)	\$25.00	
		Plano, TX 75025					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
Date Full name of contributor out-of-state PAC (ID#: 08/07/2024 Xinmiao, Zhao Contributor address; City; State; Zip Code Austin, TX 78746)		Amount of Contribution (\$)	\$25.00	
			Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2024 Xu, Shi Contributor address; City; State; Zip Code Frisco, TX 75035-1075			Amount of Contribution (\$)	\$50.00		
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/42		
2	FILER NAME Dr. Wei for R	RISD			3	Filer ID (Ethics Commission 00088679	r Filers)	
4			7	Amount of Contribution (\$)	\$50.00			
8	Austin, TX 78750 Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions Not Employed		<u> </u> s)					
	Date Full name of contributor out-of-state PAC (ID#:) 99/26/2024 Yun, Xiong Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Austin, TX 78759 Principal occupation / Job title (See Instructions) Engineer Employer (See Instructions) Script Care			Employer (See Instructions Script Care	<u> </u>			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00			
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)		Employer (See Instructions	 			
	Yuting			Yuting				
Date Full name of contributor out-of-state PAC (ID#: 08/02/2024 Zhangzhang, Si Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00		
Austin, TX 78726 Principal occupation / Job title (See Instructions) Engineer				Employer (See Instructions ZZ Si	<u> </u> s)			
	Date 09/26/2024 Full name of contributor out-of-state PAC (ID#:) Zhiyu, Liang Contributor address; City; State; Zip Code Round Rock, TX 78665-1370			Amount of Contribution (\$)	\$50.00			
	Principal occu Pediatrician	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			·					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	The Instruction Guide explains how to complete this form.					
2	FILER NAME Dr. Wei for R	RRISD			3	Filer ID (Ethics Commissio 00088679	n Filers)
4			7	Amount of Contribution (\$)	\$50.00		
_	5	Round Rock, TX 78681	——————————————————————————————————————	5 1 (0 1 1 1			
8	Lawyer	Principal occupation / Job title (See Instructions) Begin b					
	Date Full name of contributor out-of-state PAC (ID#:) Zhou, Kuang Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Austin, TX 78736 Principal occupation / Job title (See Instructions) Employer (See Instructions			<u> </u> 5)			
	Not Employed Not Employed			Not Employed			
Date O9/26/2024 Full name of contributor O9/26/2024 april, ye Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
		Austin, TX 78750					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Howard	s)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$150.00		
			Employer (See Instructions Not Employed	<u> </u>			
	Date O8/30/2024 Full name of contributor out-of-state PAC (ID#:) kui, yang Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$200.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

2 FILER NAME Dr. Wei for RRISD	
Dr. Wei for RRISD 4 Date	Fotal pages Schedule A1: Sch: 14/14 Rpt: 17/42
09/24/2024 songtao, wo 6 Contributor address; City; State; Zip Code austin, TX 78754 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Filer ID (Ethics Commission Filers) 00088679
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Amount of Contribution (\$) \$50.00

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/25 Rpt: 18/42	Dr. Wei for RRISD		00088679
4	Date	5 Payee name		-
	07/03/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$0.99	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE		(h)	Description
0	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	07/26/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.90	366 Summer Street		
	4.100			
		Somerville, MA 02144		
	DUDDOOF.		<i>(</i> 1.)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	07/28/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.99	366 Summer Street	uc	
	Ψ0.55	ooo cammer career		
		Companilla MA 02144		
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Tayan Complete Schodule T
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
				<u>-</u>
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		J	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 2/25 Rpt: 19/42	Dr. Wei for RRISD 00088679				
4	Date	5 Payee name				
	07/30/2024	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$7.90	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		ActBlue fundraising fee 3.95%				
		Action fundations for 0.3070				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
	·					
	Date	Payee name				
	08/02/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%				
		Actual full disting fee 3.33%				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·				
	Date	Payee name				
	08/02/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		ActBlue fundraising fee 3.95%				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OH					
	onponium of the political of the politic					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 3/25 Rpt: 20/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679			
4	Date 08/02/2024	5 Payee name ActBlue				
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
	Date 08/03/2024	Payee name ActBlue				
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held			
	Date 08/07/2024	Payee name ActBlue				
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 4/25 Rpt: 21/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679			
4	Date 08/07/2024	5 Payee name ActBlue				
6	Amount (\$) \$0.79	7 Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense lraising fee 3.95%			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date 08/12/2024	Payee name ActBlue				
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense lraising fee 3.95%			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date 08/13/2024	Payee name ActBlue				
	Amount (\$) \$17.78	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Iraising fee 3.95%			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 5/25 Rpt: 22/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679			
4	Date 08/14/2024	5 Payee name ActBlue				
6	Amount (\$) \$5.93	7 Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date 08/19/2024	Payee name ActBlue				
	Amount (\$) \$11.85	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date 08/27/2024	Payee name ActBlue				
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 6/25 Rpt: 23/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679			
4	Date 08/27/2024	5 Payee name ActBlue				
6	Amount (\$) \$19.75	7 Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held			
	Date 08/28/2024	Payee name ActBlue				
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date 08/28/2024	Payee name ActBlue				
	Amount (\$) \$2.57	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense draising fee 3.95%			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/25 Rpt: 24/42	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	08/29/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
		7 to Diag Tanaraoning 100 010070
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/29/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
	, , , , ,	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Davisa nama
	08/29/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
	ψ3.33	300 Juniner Juleet
		Somerville, MA 02144
	PURPOSE	· • • • • • • • • • • • • • • • • • • •
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Ondition to bottom O/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: 2 FILER NAME Sch: 8/25 Rpt: 25/42 Dr. Wei for RRISD			3 Filer ID (Ethics Commission Filers) 00088679		
4	Date 08/29/2024	5 Payee name ActBlue		-		
6	Amount (\$) \$9.88	7 Payee address; City; State; Zip Coo 366 Summer Street Somerville, MA 02144	de			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	jht	Office held		
	Date 08/30/2024	Payee name ActBlue				
	Amount (\$) \$7.90	Payee address; City; State; Zip Coo 366 Summer Street Somerville, MA 02144	de			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date 08/30/2024	Payee name ActBlue				
	Amount (\$) \$1.19	Payee address; City; State; Zip Coo 366 Summer Street	de			
		Somerville, MA 02144				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 9/25 Rpt: 26/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679
4	Date 08/31/2024	5 Payee name ActBlue	
6	Amount (\$) \$11.85	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/03/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/06/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 27/42	Dr. Wei for RRISD		00088679
4	Date	5 Payee name		•
	09/08/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1.98	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE		(h)	Description
o	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/10/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1.19	366 Summer Street		
		Somerville, MA 02144		
	DUDDOCE		/l=\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/11/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$5.93	366 Summer Street		
	40.00			
		Somerville, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
				-
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		•	
_				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 28/42	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	09/12/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.59	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
		Actibide fulfulationing fee 0.3370
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	09/13/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.14	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
		Action in indicates the control of t
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	David and the second se
	Date	Payee name
	09/16/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.33	372 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/25 Rpt: 29/42	Dr. Wei for RRISD		00088679
4	Date	5 Payee name		•
	09/16/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$1.98	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE	•	h)	Description
u	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(U)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/19/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$1.98	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE	(a) a	(h)	
	OF	,	(U)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/21/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$11.85	366 Summer Street		
	711.00			
		Somerville, MA 02144		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				ActBlue fundraising fee 3.95%
				<u>-</u>
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	• · · · · · · · · · · · · · · · · · · ·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/25 Rpt: 30/42	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	09/21/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	366 Summer Street
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
		Action in indicates the control of t
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	09/21/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.59	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name ActBlue
	09/23/2024	1.00-100
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 14/25 Rpt: 31/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679
4	Date 09/23/2024	5 Payee name ActBlue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel of the company of the	outside of Texas. Complete Schedule T. TX, officeholder living expense raising fee 3.95%
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 09/24/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense raising fee 3.95%
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/24/2024	Payee name ActBlue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense raising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/25 Rpt: 32/42	Dr. Wei for RRISD 00088679
4	Date	5 Payee name
	09/24/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	366 Summer Street
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/24/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
	42.00	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Operation ONLY if allower	Open Helder (Office helder manner)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 00/24/2024	Payee name ActBlue
	09/24/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	366 Summer Street
		Companilla MA 00144
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 16/25 Rpt: 33/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679
4	Date 09/25/2024	5 Payee name ActBlue	•
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/26/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/26/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	
	PURPOSE OF	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/25 Rpt: 34/42	Dr. Wei for RRISD		00088679
4	Date	5 Payee name		
	09/26/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	Э	
	\$1.98	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE OF	,] (c T	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	ŀ	Check if dustin, TX, officeholder living expense
			7	ActBlue fundraising fee 3.95%
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	experialiture to beliefit C/Oi	1		
	Date	Payee name		
	09/26/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	Э	
	\$1.98	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE OF	,) (c	Description
	EXPENDITURE	Fees	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			7	ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/26/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Code	Э	
	\$0.59	366 Summer Street		
		Somerville, MA 02144		
	PURPOSE OF	,) (c	Description
	EXPENDITURE	Fees	ŀ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			/	ActBlue fundraising fee 3.95%
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	olete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME			Filer ID	(Ethics Commission Filers)
	Sch: 18/25 Rpt: 35/42	Dr. Wei for RRISD			00088679	
4	Date	5 Payee name				
_	09/26/2024	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code	9			
	\$5.93	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE	•				
0	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Desc Desc	Cription heck if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	1003	_	heck if Austin, TX,		
			ActE	Blue fundraisi	ing fee 3.95	%
_			_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	It		Office he	ela
	Data					
	Date 09/26/2024	Payee name ActBlue				
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street	=			
	Ψ1.30	300 Summer Succe				
		Somerville, MA 02144				
	PURPOSE) Desc	rintion		
	OF	Fees		heck if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE			heck if Austin, TX,		
			ACTE	Blue fundraisi	ing tee 3.95	%
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	ald.
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·			000	
	Date	Payee name				
	09/26/2024	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$3.95	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Desc			
	OF EXPENDITURE	Fees		heck if travel outsid heck if Austin, TX, o		•
			_	Blue fundraisi		
					3 : 2 : 3 : 3	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/OI	1				
_						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services The Instruction G			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	1							3	Filer ID	(Ethics Commiss	ion Eilore\
1	Sch: 19/25 Rpt: 36/42	ı	Dr. Wei for F	RRISD					3	00088679	(Ethics Commiss	ion Filers)
4	Date	5	Payee name									
	09/26/2024	ı	ActBlue									
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$1.98		366 Summe	r Street								
			Somerville, I	MA 02144								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=		de of Texas. Com		
	ZA ZADITORZ							□		officeholder living		
								ActBlue fundr	ais	ang iee 3.95	19/0	
<u> </u>												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	experiantare to benefit ere											
	Date		Payee name									
	09/26/2024		ActBlue									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de					
	\$1.98		366 Summe	r Street								
			Somerville, I	MA 02144								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees					=		de of Texas. Com officeholder living		
								ActBlue fundr				
								7 totbido fariai	u.c	g 100 0.00	.,,	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	 Dffice sou	ght			Office he	eld	
	expenditure to benefit C/O	Η										
	Date	ı	Payee name									
	09/26/2024		ActBlue									
	Amount (\$)	ı	Payee addres		State;	; Zip Co	de					
	\$1.98		366 Summe	r Street								
			Somerville, I	MA 02144								
	PURPOSE OF	ı	•	e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees					ш		de of Texas. Com officeholder living	•	
								ActBlue fundr		_	•	
										.5 .55 5.50	*	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office he	eld	
	expenditure to benefit C/O		· · · . · · · · · · · · ·			55 554(٠٠٠٠			000 110		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 20/25 Rpt: 37/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679
4	Date 09/26/2024	5 Payee name ActBlue	
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer Street	
8	PURPOSE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ndraising fee 3.95%
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/26/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if Al	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ndraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/26/2024	Payee name ActBlue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 366 Summer Street	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	Check if At	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ndraising fee 3.95%
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 21/25 Rpt: 38/42		(Ethics Commission Filers)
4	Date 09/26/2024	5 Payee name ActBlue	
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin ActBlue fundraising fee 3.9	g expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office h	eld
	Date 09/26/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin ActBlue fundraising fee 3.95	g expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h	eld
	Date 09/26/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin ActBlue fundraising fee 3.99	g expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Candidate/Officeholder/Pol Credit Card Payment	tical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 22/25 Rpt: 39/4	2 Dr. Wei for RRISD 00088679					
4 Date	5 Payee name					
09/26/2024	ActBlue					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$3.95 366 Summer Street						
	Somerville, MA 02144					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
The complete Schedule T. Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%					
	Actibide fulfidialsing fee 5.95%					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C						
Date	Payee name					
09/26/2024	ActBlue					
Amount (\$)	Payee address; City; State; Zip Code					
\$0.9	9 366 Summer Street					
	Somerville, MA 02144					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%					
	Actibilitie fulfidialising fee 5.95%					
Complete ONL V if direct	Candidate/Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direc expenditure to benefit C						
Date	Payee name					
09/26/2024	ActBlue					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.9	366 Summer Street					
	Somerville, MA 02144					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
LXI ENDITORE	Check if Austin, TX, officeholder living expense					
	ActBlue fundraising fee 3.95%					
Complete ONLY if direct expenditure to benefit C						
S.psaitaro to borioni o						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1: Sch: 23/25 Rpt: 40/42	2 FILER NAME Dr. Wei for RRISD	3 Filer ID (Ethics Commission Filers) 00088679
4	Date 09/26/2024	5 Payee name ActBlue	·
6	Amount (\$) \$15.80	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue fundraising fee 3.95%
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/06/2024	Payee name CheckMark Typesetting	
	Amount (\$) \$912.61	Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd Austin, TX 78722	
	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Road sign production
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/31/2024	Payee name Frost Bank	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 111 W. Houston St. Suite 100 San Antonio, TX 78205	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Leg	Gift/Awards/Memorials Expense e Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)			
-	Total pages Cabadula 54:	12						-	2	Filor ID	(Ethios Com	iccion Filoro)
1	Total pages Schedule F1: Sch: 24/25 Rpt: 41/42	2	Dr. Wei for RR	ISD					3	Filer ID 00088679	(Ethics Comm	ission Filers)
4	Date	5	Payee name									
	08/31/2024		Frost Bank									
6	Amount (\$) \$10.00	7	Payee address; 111 W. Housto Suite 100 San Antonio, 1		State;	Zip Cod	de					
8	PURPOSE	(a)	Category (See C				(b)	Description				
ľ	OF	(۳)	Fees	ategories listed at the	top of this sche	edule)	(5)		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1-663					=		officeholder living		
								Bank Fee				
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeh	older name	0	office souç	ght			Office he	eld	
	Date		Payee name									
	07/29/2024		Ki Connect, LL	.C								
	Amount (\$)	\vdash	Payee address;	City;	State:	Zip Cod	de					
	\$500.00		14900 Avery F	-		_,						
	Ψ300.00		C200-109	anen biva								
			Austin, TX 787	17								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Ex	pense							plete Schedule T.	
								—		officeholder living		ritina
								social media o				mung,
	0 1: 0:11:4"	L_	0 11 1 10 11 1									
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeh	lolder name	0	office souç	gnt			Office h	eia	
	Date		Payee name									
	08/28/2024		Ki Connect, LL	.C								
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$500.00		14900 Avery F	Ranch Blvd								
			C200-109									
			Austin, TX 787	'17								
-	DUDDOSE	(2)				ı	(b)	December				
	PURPOSE OF	^(a)	Category (See C		top of this sche	edule)	(n)	Description Check if travel of	outsi	de of Texas Com	plete Schedule T.	
	EXPENDITURE		Advertising Ex	pense				∟		officeholder living		
								social media				riting,
								campaign stra				5
	Complete ONLY if direct	L(Candidate/Officeh	older name	Ω	office soug	aht			Office he	eld	
	expenditure to benefit C/O				· ·							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Food/Beverage Expense Gitt/Awards/Memorials Expense Printing Expense Prin					Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)	
L	Sch: 25/25 Rpt: 42/42	Dr. Wei fo	or RRISD				00088679		
4	Date	5 Payee nam							
	09/13/2024	Lester, Bi	rdsong						
6	Amount (\$)	7 Payee add		tate; Zip Code					
	\$675.00	135 Miller	nial Way						
L		Bastrop, 1	ΓX 78602						
8	PURPOSE OF		(See Categories listed at the top of thi	s schedule) (b) Description				
	EXPENDITURE	Advertisin	g Expense		ш		ide of Texas. Com , officeholder living		
					putting up ro			СХРСПОС	
							J		
9	Complete ONLY if direct expenditure to benefit C/Ol		officeholder name	Office sough	t		Office he	eld	