

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: 8
3 FILER NAME	MS / MRS / MR FIRST MI Mr. David	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/27/2024	
	NICKNAME LAST SUFFIX Schmidt		
4 FILER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3011 Quail Run Dr Round Rock, TX 78681-1204		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 218-1989		Date Processed
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		Date Imaged
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		
7 PERIOD COVERED	Month Day Year Month Day Year 09/27/2024 THROUGH 10/26/2024		
8 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed Ballot ID:RRISD Bond Election Date:2024-11-05 Desc:No on Prop A, B, C, D	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Schmidt, David (Mr.)		11 Filer ID (Ethics Commission Filers) 00081585
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 3,180.08

13 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. David Schmidt

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
3 of 8

14 FILER NAME Schmidt, David (Mr.)		15 Filer ID (Ethics Commission Filers) 00081585	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	3,180.08
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00

POLITICAL EXPENDITURES

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 4/8	2 FILER NAME Schmidt, David (Mr.)	3 Filer ID (Ethics Commission Filers) 00081585
4 Date 09/29/2024	5 Payee name Amazon	
6 Amount (\$) \$16.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Zip ties for signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name American Fence and Supply	
Amount (\$) \$91.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3501 N IH35 Georgetown , TX 78628	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Sign Stakes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name American Fence and Supply	
Amount (\$) \$158.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3501 N IH35 Georgetown , TX 78628	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. sign stakes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 5/8	2 FILER NAME Schmidt, David (Mr.)	3 Filer ID (Ethics Commission Filers) 00081585
4 Date 09/27/2024	5 Payee name Build A Sign	
6 Amount (\$) \$139.77 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11525 Stonehollow Dr. STE B220 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. magnetic signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/27/2024	Candidate/Officeholder name Office sought Office held	
Payee name Dirt Cheap Signs		
Amount (\$) \$413.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6706 Lohman Ford Rd Lago Vista, TX 78645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. signs and stakes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/15/2024	Candidate/Officeholder name Office sought Office held	
Payee name Dirt Cheap Signs		
Amount (\$) \$489.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6706 Lohman Ford Rd Lago Vista, TX 78645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Signs and Stakes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 6/8	2 FILER NAME Schmidt, David (Mr.)	3 Filer ID (Ethics Commission Filers) 00081585
4 Date 10/19/2024	5 Payee name Lowes	
6 Amount (\$) \$15.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 120 Sundance Parkway Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Sign Supports
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name Meta	
Amount (\$) \$68.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 701 Laurel St Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Post Push
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2024	Payee name OfficeMax	
Amount (\$) \$4.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 N IH35 Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Flyer Samples
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 7/8	2 FILER NAME Schmidt, David (Mr.)	3 Filer ID (Ethics Commission Filers) 00081585
4 Date 10/20/2024	5 Payee name OfficeMax	
6 Amount (\$) \$149.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 110 N IH35 Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. flyers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name Super Cheap Signs	
Amount (\$) \$470.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Suite 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. signs and stakes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Super Cheap Signs	
Amount (\$) \$307.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Suite 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 8/8	2 FILER NAME Schmidt, David (Mr.)	3 Filer ID (Ethics Commission Filers) 00081585
4 Date 10/15/2024	5 Payee name Super Cheap Signs	
6 Amount (\$) \$139.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Suite 100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Sign Stakes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/22/2024	Payee name U Print	
Amount (\$) \$248.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2024	Payee name U Print	
Amount (\$) \$468.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		