### SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this f	form. 1 Filer ID (Ethics Commission Filers) 00088922	2 Total pages filed: 44					
3 COMMITTEE NAME	·	OFFICE USE ONLY					
Houstonians for Safe & Healthy Schools		Date Received					
		ELECTRONICALLY FILED					
		10/28/2024					
4 COMMITTEE ADDRESS / PO BOX: APT / SUITE #	; CITY; STATE; ZIP (	CODE					
4         COMMITTEE         ADDRESS / PO BOX;         APT / SUITE #           ADDRESS         3262 Westheimer Road	+, CITT, STATE, ZIP C						
#402		Date Hand-delivered or Date Postmarked					
Change of Address							
Houston, TX 77098		Receipt # Amount					
		Date Processed					
		Due rivesseu					
		Date Imaged					
5 CAMPAIGN MS / MRS / MR FIRST		MI					
TREASURER Veronic	a						
NICKNAME LAST		SUFFIX					
Garcia							
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLE	EASE); APT / SUITE #;	CITY; STATE; ZIP CODE					
TREASURER STREET 3262 Westheimer Road							
ADDRESS #402							
(Residence or Business) Houston, TX 77098							
7 CAMPAIGN STREET OR PO BOX; TREASURER	APT / SUITE #;	CITY; STATE; ZIP CODE					
MAILING 3262 Westheimer Road							
ADDRESS #402							
Change of Address Houston, TX 77098							
8 CAMPAIGN AREA CODE PHONE NUMBE	ER EXTENSION						
TREASURER PHONE (202) 849-9002							
FHONE							
9 REPORT January 15	30th day before election	Exceeded modified reporting limit					
	X 8th day before election	Dissolution (Attach PAC-DR)					
July 15	Dupoff						
	Runoff	10th day after campaign treasurer termination					
10 PERIOD Month Day Year	Mont	h Day Year					
COVERED 09/27/2024	THROUGH	10/26/2024					
11 ELECTION ELECTION DATE	ELECTION TYP						
Month Day Year 11/05/2024	Primary Runoff	Other					
11/03/2024	X General Special						
GO TO PAGE 2							
Forms provided by Texas Ethics Commission v	www.ethics.state.tx.us	Version V4.1.0.48da51f7					

### SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Con	nmission Filers)			
Houstonians for Safe &	Healthy Schools		00088922					
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME	L					
(Attach lists on plain paper to complete this	Candidate							
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder).					
X SUPPORT								
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE				
		Prop A&B	Month	Day	Year			
(Candidate or Measure)			11/05/2	2024				
	X Measure	DESCRIPTION						
(Officeholder)		School bond measure						
		School bond measure						
15 CONTRIBUTION TOTALS		RIBUTIONS OF \$50 OR LESS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$	\$0.00			
	2. TOTAL POLITICAL CO	ONTRIBUTIONS						
	(OTHER THAN PLEDGES	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$	\$1,187,750.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		\$	\$0.00			
	4. TOTAL POLITICAL EX	<b>KPENDITURES</b>		\$ \$	\$1,686,570.01			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$321,150.59			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF G PERIOD	THE LAST	\$	\$0.00			
16 AFFIDAVIT	I			I				
10 AFFIDAVII		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.						
		Veroni	ca Garcia					
	er							
AFFIX NUTARY	STAMP / SEAL ABOVE							
Sworn to and subscribed	before me, by the said	, t	his the		day			
of	, 20, to certify which	n, witness my hand and seal of office.						
Signature of officer ad	ministering oath Print	ed name of officer administering oath	Title of office	er administe	ring oath			

## FORM SPAC

#### COVER SHEET PG 3 3 of 44

17 COMMITT	(Ethics Co	mmission Filers)		
	ans for Safe & Healthy Schools	00088922	1	
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	\$	834,250.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC	R	\$	353,500.00
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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	\$	1,686,570.01
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	\$	

**SUBTOTALS - SPAC** 

	The Instru	ction Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 1/11 Rpt: 4/44	
2	FILER NAME Houstonians	s for Safe & Healthy Schools			Filer ID (Ethics Commission 00088922	on Filers)
4	Date 10/01/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Beger, Daniel</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1,000.00
		Cypress, TX 77429				
8		pation / Job title (See Instructions) 9 opment - Education	9 Employer (See Instructions) Terracon	;)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#: BracewellPAC Contributor address; City; State; Zip Code Houston, TX 77002	)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#: Brooks, Lance Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Owner	Spring, TX 77380 Ipation / Job title (See Instructions)	Employer (See Instructions)	<u></u> چ)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#: Callier, Helen Contributor address; City; State; Zip Code Kingwood, TX 77339	)		Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions) Bradlink LLC	<b></b> ;)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: Chao, A Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50,000.00
	Principal occu	Houston, TX 77019 Ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/44	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
- 		for Safe & Healthy Schools			00088922	
4	Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7	Amount of Contribution (\$)	
	10/10/2024	Chronis, A				\$5,000.00
	ļ	6 Contributor address; City; State; Zip Code		"		
	ļ					
	1	Hauster TV 77034				
ŀ	Dringing occu	Houston, TX 77024 pation / Job title (See Instructions)	a Employer (See Instructions	<u> </u>		
	retired		9 Employer (See Instructions retired	5)		
╞				Т	1	
	Date		D#:)		Amount of Contribution (\$)	ቀርሳሳ ሰሳ
	10/09/2024					\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77288				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Consultant	' · ·	Self employed			
⊨	Date	Full name of contributor Out-of-state PAC (II	 #۰)	Т	Amount of Contribution (\$)	
	10/03/2024	Crownover, James	/		,	\$5,000.00
	ļ					· ·
	1					
		Houston, TX 77027				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	10/01/2024	Dally, Fred				\$5,000.00
	ľ	Contributor address; City; State; Zip Code				
	ľ					
	ľ	Missouri City, TX 77459				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	President & (	,	Dally + Associates	0)		
╞	Date	Full name of contributor out-of-state PAC (II		Т	Amount of Contribution (\$)	
	10/09/2024	Daniel, Matt	J#)		Amount of Contribution (\$)	\$10,000.00
	Contributor address; City; State; Zip Code			·		410,000.00
	ł					
	ľ	Houston, TX 77079				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Corporate VI	P	Satterfield&Pontikes Co	onst	truction	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/44
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	for Safe & Healthy Schools		00088922
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/30/2024	Davidson, Kolby		\$150.00
	6 Contributor address; City; State; Zip Code		
	· · · · · · · · · · · · · · · · · · ·		
	Spring, TX 77379		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Landscape A	Architect	Studio Avid	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2024	Deily, Linnet		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/16/2024	Dishaw, Mercedes		\$500.00
	Contributor address; City; State; Zip Code		
	Spring, TX 77380		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Executive As	ssistant	Foodservice Design Pro	fessionals, LLC
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/04/2024	Eury, Robert		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77019		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Executive Di	rector	Houston Downtown	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/21/2024	Fish, James		\$15,000.00
	Contributor address; City; State; Zip Code		
Duin sing 1	Houston, TX 77024		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
CEO		WM	

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	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/44
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
[		for Safe & Healthy Schools		00088922
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	10/04/2024	Foshee, Douglas		\$125,000.00
		6 Contributor address; City; State; Zip Code		
		Houston, TX 77005		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	President		Sallyport Investments	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/18/2024	Foshee, Douglas		\$100,000.00
		Houston, TX 77005		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	President		Sallyport Investments	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/10/2024	Foster, Charles C		\$250.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77006		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	attorney		foster llp	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	10/04/2024	GOODMAN, Barry		\$1,000.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78732		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Professional		The Goodman Corporat	ion
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	10/01/2024	Garcia, Roland		\$10,000.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77042		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Attorney		Greenberg Traurig, LLP	
Γ				

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 5/11 Rpt: 8/44	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		o for Safe & Healthy Schools			00088922	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/21/2024	Greenberg, Joseph			:	\$75,000.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77002				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	10/01/2024	Gruenwald, John				\$500.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Engineer		PGA Engineers, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/01/2024	Hammodeh, Mustafa				\$100.00
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77084				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	COO		CSI Global, Inc.   CSI Er	ngin	eering, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/01/2024	Hill, Erin				\$250.00
		Contributor address; City; State; Zip Code		-		
		Houston, TX 77573				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner		Nire Consulting			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/01/2024	Holland, Mike				\$2,500.00
		Contributor address; City; State; Zip Code		·		
		Jersey Village, TX 77040				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	COO		MAREK	-		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/44
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s for Safe & Healthy Schools		00088922
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/02/2024	KHAYRATTEE, JAYNOOL		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77056		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Structural Er	ngineer	Matrix Structural Engine	eers
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
10/18/2024	Kinder, Richard & Nancy		\$100,000.00
10/10/2024			\$100,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77019	i	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Chairman &	President/CEO	Kinder Foundation	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	Knobloch, Carla		\$20,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	I ;)
			,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/17/2024	Manning, Ramon	)	\$2,500.00
10/11/2024	-		ψ2,300.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77021		
DringingLoop			<u> </u>
-	pation / Job title (See Instructions)	Employer (See Instructions	>)
Investments		Ridgegate Capital	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/11/2024	Martin, Tony		\$2,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	; ;;
Architect		Perkins&Will	
		1	

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 7/11 Rpt: 10/44	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Houstonians	for Safe & Healthy Schools			00088922	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/05/2024	McCurdy, Paul				\$10,000.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ	l				
		Tomball, TX 77375				
8	Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions City Masonry	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2024	Micolich, Silvana				\$5,000.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Houston, TX 77003				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Architect		RDLR Architects, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	10/15/2024	Molitor, Kyle				\$500.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77040				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Engineer		Kimley-Horn and Associ	iates	S	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/18/2024	Mooney, Matt				\$2,500.00
		Contributor address; City; State; Zip Code		1		
	ļ	-				
	ļ					
L		Phoenix, AZ 85018				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Real Estate		Parkway			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/17/2024	Nau III, John				\$20,000.00
	ļ	Contributor address; City; State; Zip Code		]		
	ļ					
	ļ	Houston TV 77010				
	Dringingl occu	Houston, TX 77019	Employer (Soo Instructions	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to complete th	nis fo	rm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/44	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		for Safe & Healthy Schools				00088922	,
4	Date	5 Full name of contributor out-of-state PAC	(ID#:	)	7	Amount of Contribution (\$)	
	10/13/2024	Newton, Stephen					\$500.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77019					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Partner			Russell Reynolds Assoc	iat	es	
	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	10/13/2024	Nondorf, Kurt					\$500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77010					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Lawyer			Jackson Walker			
	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	10/21/2024	Norton Rose Fulbright US LLP Texas Com	mittee				\$2,500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77010					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
F	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	10/23/2024	Robertson, Wilhelmina					\$25,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	retired			retired			
	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	10/04/2024	Samuels, Darryl					\$500.00
		Contributor address; City; State; Zip Code					
L		Houston, TX 77584					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Owner			Darryl Samuels & Assoc			
1							

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/44	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
		for Safe & Healthy Schools			00088922	on ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/03/2024	Samuels, H Benjamin				\$10,000.00
		6 Contributor address; City; State; Zip Code				
Ļ		Bellaire, TX 77401				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/01/2024	Shihadeh, Mohamed				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77041				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Engineer		Earth Engineering, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±050.00
	10/15/2024	Stewart, Christy				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77007				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) ;)		
	Account Exe	cutive	Ameresco			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/30/2024	Stickney, Regina				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77002				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
		evelopment Representative	O'Connell Robertson			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±1 000 00
	10/18/2024	Stikney, Regina				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77002				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Marketing		O'Connell Robertson			
			·			
1						

	The Instru	ction Guide explains how to complete th	1	otal pages Schedule A1: ch: 10/11 Rpt: 13/44		
2	FILER NAME				ler ID (Ethics Commissio	on Filers)
ľ		for Safe & Healthy Schools	1	0088922		
4	Date	5 Full name of contributor out-of-state PAC (I	D#:)	<b>7</b> Ar	mount of Contribution (\$)	
	10/13/2024	Tellepsen, Tadd				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77060				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Construction		Tellepsen Builders			
F	Date	Full name of contributor out-of-state PAC (I	D#:)	Ar	mount of Contribution (\$)	
	10/17/2024	Tudor, Bobby			:	\$25,000.00
				1		
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	CEO		Artemis Energy Partner	S		
	Date	Full name of contributor out-of-state PAC (I	D#:)	Ar	mount of Contribution (\$)	
	10/23/2024	Tudor, Bobby		:	\$75,000.00	
		Contributor address; City; State; Zip Code	1			
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CEO		Artemis Energy Partner	S		
	Date	Full name of contributor out-of-state PAC (I	D#:)	Ar	mount of Contribution (\$)	
	10/18/2024	Walker, Geoffrey				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77098				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Of Counsel		Hunton Andrews Kurth	LLP		
	Date	Full name of contributor 🔲 out-of-state PAC (I	D#:)	Ar	mount of Contribution (\$)	
	10/21/2024	Weekley, Richard			\$	100,000.00
		Contributor address; City; State; Zip Code	1			
		Houston, TX 77055				
		pation / Job title (See Instructions)	Employer (See Instructions			
	CEO		Weekley Development	Comp	any	

The Instru	iction Guide explains how to complete this f	form	1	Total pages Schedule A1:	
	iction outlie explains now to complete this			Sch: 11/11 Rpt: 14/44	
2 FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
Houstonian	s for Safe & Healthy Schools			00088922	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/27/2024	Wells, Jason				\$2,500.00
	6 Contributor address; City; State; Zip Code		·		
	Houston, TX 77005				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
CEO		CenterPoint Energy			
Date	Full name of contributor Out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
10/01/2024		)			\$500.00
10/01/2024					Φ00.00
	Contributor address; City; State; Zip Code				
	cypress, TX 77433				
Dringinglago	upation / Job title (See Instructions)	Employer (See Instructions			
Civil Engine		Kuo & Associates,LLC	5)		
Date	—	)		Amount of Contribution (\$)	
09/29/2024					\$5,000.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77046	I			
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Architect		Pfluger Architects			

### MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/3 Rpt: 15/44
FILER NAME Houstonians	for Safe & Healthy Schools	<b>3</b> Filer ID (Ethics Commission Filers) 00088922
10/23/2024	<ul> <li>5 Corporation / Labor Organization name Action Now Initiative LLC</li> <li>6 Corporation / Labor Organization address; City; State; Zip Code</li> </ul>	7 Amount of contribution (\$) \$250,000.00
	Houston, TX 77027	
Date 10/04/2024	Corporation / Labor Organization name Autoarch Architects Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$5,000.00
	Houston, TX 77036	
Date 10/04/2024	Corporation / Labor Organization name Collaborate Architects LLC Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$3,000.00
	Houston, TX 77002	
Date 10/21/2024	Corporation / Labor Organization name DBR Engineering Consultants Inc Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$2,000.00
	Houston, TX 77042	
Date 10/11/2024	Corporation / Labor Organization name DeMontrond Automotive Group Inc. Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00
	Houston, TX 77090	
Date 10/04/2024	Corporation / Labor Organization name English + Associates Architects, Inc Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$8,000.00
	Houston, TX 77007	
Date 10/11/2024	Corporation / Labor Organization name Glaus, Pyle, Schomer, Burns & Dehaven Inc. Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$2,500.00
	Akron, OH 44311	

### MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 2/3 Rpt: 16/44
FILER NAME Houstonians	for Safe & Healthy Schools	3 Filer ID (Ethics Commission Filers) 00088922
Date 10/11/2024	<ul> <li>5 Corporation / Labor Organization name Huckabee</li> <li>6 Corporation / Labor Organization address; City; State; Zip Code</li> </ul>	7 Amount of contribution (\$) \$3,000.00
	Fort Worth, TX 76102	
Date 10/11/2024	Corporation / Labor Organization name Infrastructure Associates Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$3,000.00
	Houston, TX 77057	
Date 10/22/2024	Corporation / Labor Organization name Joiner Architects Inc Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$10,000.00
	Houston, TX 77339	
Date 10/18/2024	Corporation / Labor Organization name Linebarger Goggan Blair & Sampson LLP Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$5,000.00
	Houston, TX 78760	
Date 10/11/2024	Corporation / Labor Organization name MWA Architects Inc. Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$2,000.00
	Houston, TX 77079	
Date 10/04/2024	Corporation / Labor Organization name Omega Engineers, Inc. Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$10,000.00
	Houston, TX 77084	
Date 10/18/2024	Corporation / Labor Organization name PBK Architects Inc Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$5,000.00
	Houston, TX 77026	

### MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The	e Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 3/3 Rpt: 17/44
	ER NAME Istonians 1	for Safe & Healthy Schools	<b>3</b> Filer ID (Ethics Commission Filers) 00088922
1 Date 10/1	11/2024	<ul> <li>5 Corporation / Labor Organization name</li> <li>Pogue Construction</li> <li>6 Corporation / Labor Organization address; City; State; Zip Code</li> </ul>	7 Amount of contribution (\$) \$2,500.00
		McKinney, TX 75069	
Date 10/0	e 03/2024	Corporation / Labor Organization name Project Management Group, LLC Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$500.00
		Houston, TX 77040	
Date 10/2	e 22/2024	Corporation / Labor Organization name Raba Kistner Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$10,000.00
		San Antonio, TX 78249	
Date 10/2	e 21/2024	Corporation / Labor Organization name STV Construction Inc. Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$10,000.00
		Douglassville, PA 19518	
Date 10/0	e 03/2024	Corporation / Labor Organization name Smith & Company Architects Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00
		Houston, TX 77009	
Date 10/2	e 21/2024	Corporation / Labor Organization name Susan D Sarofim Revocable Trust Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$15,000.00
		Houston, TX 77227	
Date 10/1	e 11/2024	Corporation / Labor Organization name VLK Architects Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$5,000.00
		Fort Worth, TX 76104	

			EXPENDITURE CATEGORIES F	OR BO	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printin	Overhea g Expensing Expensions es/Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)		
-	Sch: 1/27 Rpt:     18/44       Houstonians for Safe & Healthy Schools     00088922								
4	Date 10/23/2024	2024 5 Payee name Amegy Bank of Texas							
6 Amount (\$) \$15.00 \$15.00 7 Payee address; City; State; Zip Code PO Box 26547 Salt Lake, UT 84126									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Wire transfer fee						-			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	sought			Office held		
	Date		Payee name						
	10/23/2024		Amegy Bank of Texas						
	Amount (\$) \$15.00		Payee address; City; State; Zip PO Box 26547	Code					
	PURPOSE	(a)	Salt Lake, UT 84126 Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	(-7	Category (See Categories listed at the top of this schedule) Fees		Check if travel ou	TX, c	e of Texas. Complete Schedule T. Ifficeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	sought			Office held		
	Date		Payee name						
	10/21/2024		Amegy Bank of Texas						
	Amount (\$) \$15.00		Payee address; City; State; Zip PO Box 26547	Code					
			Salt Lake, UT 84126						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees	(b)		TX, c	e of Texas. Complete Schedule T. Ifficeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office s	sought			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 2/27 Rpt:     19/44       Houstonians for Safe & Healthy Schools     00088922							
4	Date	5	Payee name					
	10/21/2024		Amegy Bank of Texas					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$15.00		PO Box 26547					
			Salt Lake, UT 84126					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees	ouuloy	Check if travel		ide of Texas. Complete Schedule T.	
	EXPENDITORE				-		, officeholder living expense	
					Wire transfer	fee	2	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	10/21/2024		Amegy Bank of Texas					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
\$15.00 PO Box 26547								
			Salt Lake, UT 84126					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees	,			ide of Texas. Complete Schedule T.	
	EXPENDITORE						, officeholder living expense	
					Wire transfer	tee	3	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Int		Office held	
_	_	_						
	Date		Payee name					
	10/17/2024		Amegy Bank of Texas					
	Amount (\$)			Zip Co	le			
	\$15.00		PO Box 26547					
			Salt Lake, UT 84126					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense	
					Wire transfer			
						100		
-	Complete ONLY if direct		andidate/Officeholder name C	Office sou	uht		Office held	
	expenditure to benefit C/OI			SUICE SUU	ji it		Unice neid	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/27 Rpt: 20/44		Houstonians for Safe & Healthy School	ls			00088922
4	Date	5	Payee name				
	10/21/2024		Amegy Bank of Texas				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$25.00		PO Box 26547				
			Salt Lake, UT 84126				
8	PURPOSE	(a)			(b) Description		
ľ	OF	(,	Category (See Categories listed at the top of this sche Fees	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	I, TX	, officeholder living expense
					Analysis serv	/ice	fee
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Jht		Office held
	expenditure to benefit C/OI	H					
	Date		Payee name				
	09/30/2024		Amegy Bank of Texas				
-	Amount (\$)			Zip Co	10		
	.,			Zip Cu			
	\$2.00		PO Box 26547				
			Salt Lake, UT 84126				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense
					Wire transfer		
					wire transier		~
⊢	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	uht		Office held
	expenditure to benefit C/Oł				jiit		
		<b>—</b>					
	Date		Payee name				
	10/23/2024		Anedot				
	Amount (\$)			Zip Co	le		
	\$1,000.30		1340 Poydras Street Suite 1770				
			New Orleans, LA 70112				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
							, officeholder living expense
					Transaction f	ee	
	_						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held
	experience to benefit C/OI	•					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 4/27 Rpt: 21/44	Houstonians for Safe & Healthy Schools	00088922					
4	Date 10/18/2024	5 Payee name Anedot						
6	Amount (\$) \$40.30	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>1340 Poydras Street Suite 1770</li> <li>New Orleans, LA 70112</li> </ul>						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Transaction fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/18/2024	Anedot						
	Amount (\$) \$100.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense e					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/17/2024	Anedot						
	Amount (\$) \$100.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770						
		New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense C					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPEN	DITURE CATEGORI	IES FOR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee Legal Services	e Expense emorials Expense	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:		•			3 Filer ID	(Ethics Commission Filers)
-	Sch: 5/27 Rpt: 22/44	Houstonians for Safe	& Healthy Schools	6		00088922	
4	Date 10/17/2024	<sup>D</sup> ayee name Anedot					
6	Amount (\$)	Payee address; City	: State:	Zip Code			
•	\$800.30	1340 Poydras Street S		p 0000			
		New Orleans, LA 701	12				
8	PURPOSE	Category (See Categories li	sted at the top of this sched	<sub>dule)</sub> (b)	Description		
	OF EXPENDITURE	Fees				outside of Texas. Com	
						i, TX, officeholder living	j expense
					Tansaction	ee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder na	me Of	fice sought		Office he	eld
	Date	<sup>D</sup> ayee name					
	10/16/2024	Anedot					
_	Amount (\$)	Payee address; City	· State:	Zip Code			
	\$20.30	1340 Poydras Street \$		Zip Code			
	φ20.30	1340 FOyulas Sileer	Suite 1770				
		New Orleans, LA 701	12				
	PURPOSE OF EXPENDITURE	Category (See Categories li Fees	sted at the top of this sched	<sub>dule)</sub> (b)		outside of Texas. Com I, TX, officeholder living EE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder na	me Of	fice sought		Office he	eld
	Date	<sup>D</sup> ayee name					
	10/15/2024	Anedot					
	Amount (\$)	Payee address; City	· State	Zip Code			
	\$10.30	1340 Poydras Street \$					
	\$10.00						
		New Orleans, LA 701	12				
	PURPOSE OF	, -	sted at the top of this sched	dule) (b)	Description		
	EXPENDITURE	Fees				outside of Texas. Com n, TX, officeholder living <b>Cee</b>	
	Complete ONLY if direct	andidate/Officeholder na	me Of	fice sought		Office he	eld
	expenditure to benefit C/OI			5			
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	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 6/27 Rpt: 23/44		Houstonians for Safe & Healthy School	00088922				
4	Date 10/15/2024	5 Payee name Anedot						
6 Amount (\$)       7 Payee address; City; State; Zip Code         \$20.30       1340 Poydras Street Suite 1770								
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 Transaction fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held	
	Date		Payee name					
	10/13/2024		Anedot					
	Amount (\$)Payee address;City;State;Zip Code\$20.301340 Poydras Street Suite 1770							
			New Orleans, LA 70112					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held	
	Date		Payee name					
	10/13/2024		Anedot					
	Amount (\$) \$40.30		Payee address; City; State; 1340 Poydras Street Suite 1770	Zip Co	le			
			New Orleans, LA 70112					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	)ffice sou	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 7/27 Rpt: 24/44							
4	Date 10/13/2024	5 Payee name Anedot						
6	Amount (\$) \$20.30		Payee address; City; State; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	Zip Co	le			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if Austin, TX, officeholder living expense Transaction fee       Transaction fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	10/13/2024		Anedot					
	Amount (\$)Payee address;City;State;Zip Code\$20.301340 Poydras Street Suite 1770							
	PURPOSE OF EXPENDITURE		New Orleans, LA 70112 Category (See Categories listed at the top of this sche Fees	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	10/11/2024		Anedot					
	Amount (\$) \$100.30		Payee address; City; State; 1340 Poydras Street Suite 1770	Zip Co	le			
			New Orleans, LA 70112					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	ILER NAME 3 F					
	Sch: 8/27 Rpt: 25/44		Houstonians for Safe & Healthy Schoo	ls			00088922		
4	Date 10/10/2024		Payee name Anedot						
6	Amount (\$) \$10.30		Payee address; City; State; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	Zip Co	de				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Transaction fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	10/10/2024		Anedot						
	Amount (\$)Payee address;City;State;Zip Code\$200.301340 Poydras Street Suite 1770								
PURPOSE OF EXPENDITURE			New Orleans, LA 70112 Category (See Categories listed at the top of this sch Fees	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	10/09/2024		Anedot						
	Amount (\$) \$20.30		Payee address; City; State; 1340 Poydras Street Suite 1770	; Zip Co	de				
			New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial mittee Legal Services The Instruction C	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Cabadula E1.			ulue explains			1	Filer ID (Ethics Commission Filers)		
1	Total pages Schedule F1: Sch: 9/27 Rpt: 26/44		FILER NAME Houstonians for Safe & He	althy Schoo	ls		3	Filer ID       (Ethics Commission Filers)         00088922		
4	Date	5	Payee name				•			
	10/09/2024		Anedot							
6	Amount (\$) \$400.30									
8	PURPOSE	(a)	Category (See Categories listed at	the ton of this sch	edule)	(b) Description				
8       PORPOSE       (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       Transaction fee										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	10/07/2024		Anedot							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$20.30		1340 Poydras Street Suite New Orleans, LA 70112	1770						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Fees	the top of this sch	nedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	10/05/2024		Anedot							
	Amount (\$) \$400.30		Payee address; City; 1340 Poydras Street Suite		; Zip Coo	le				
			New Orleans, LA 70112							
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 Transaction fee										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 10/27 Rpt: 27/44	Houstonians for Safe & Healthy Schools	00088922							
4	Date 10/04/2024	Payee name Anedot								
6	Amount (\$)           7         Payee address;         City;         State;         Zip Code           \$40.30         \$40.30         1340 Poydras Street Suite 1770         New Orleans, LA 70112									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/03/2024	Anedot								
	Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Transaction fee</li> </ul>								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/02/2024	Anedot								
	Amount (\$) \$40.30	Payee address;City;State;Zip Code1340 Poydras Street Suite 1770								
		New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Transaction fee									
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	verhea xpense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	ILER NAME 3 F				Filer ID (Ethics Commission Filers)	
	Sch: 11/27 Rpt: 28/44		Houstonians for Safe & Healthy Sch	ools				00088922	
4	Date 10/02/2024		Payee name Anedot						
6	Amount (\$) \$200.30		Payee address; City; Sta 1340 Poydras Street Suite 1770 New Orleans, LA 70112	te; Zip Co	ode				
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 Transaction fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	10/01/2024		Anedot						
	Amount (\$)Payee address;City;State;Zip Code\$400.301340 Poydras Street Suite 1770								
	PURPOSE OF EXPENDITURE	(a)	New Orleans, LA 70112 Category (See Categories listed at the top of this s Fees	schedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	10/01/2024		Anedot						
	Amount (\$) \$40.30		Payee address; City; Sta 1340 Poydras Street Suite 1770	te; Zip Co	ode				
			New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Fees	schedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)			
1	Sch: 12/27 Rpt: 29/44	2	Houstonians for Safe & Healthy Schoo	00088922						
4	Date 10/01/2024	5	Payee name Anedot							
6	6 Amount (\$) \$4.30 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Transaction fee										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	10/01/2024		Anedot							
	Amount (\$) \$20.30		Payee address; City; State; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	; Zip Co	de					
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sch Fees	de of Texas. Complete Schedule T. officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held			
	Date		Payee name							
	10/01/2024		Anedot							
	Amount (\$) \$20.30		Payee address; City; State; 1340 Poydras Street Suite 1770	; Zip Co	de					
			New Orleans, LA 70112							
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       Transaction fee										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	ILER NAME 3 F				Filer ID (Ethics Commission Filers)	
	Sch: 13/27 Rpt: 30/44		Houstonians for Safe & Healthy Sch	ools				00088922	
4	Date 10/01/2024		Payee name Anedot						
6	Amount (\$) \$100.30		Payee address; City; Sta 1340 Poydras Street Suite 1770 New Orleans, LA 70112	te; Zip Co	ode				
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 Transaction fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	10/01/2024		Anedot						
	Amount (\$)Payee address;City;State;Zip Code\$20.301340 Poydras Street Suite 1770								
			New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Fees	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	10/01/2024		Anedot						
	Amount (\$) \$200.30		Payee address; City; Sta 1340 Poydras Street Suite 1770	te; Zip Co	ode				
			New Orleans, LA 70112						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Fees	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 14/27 Rpt: 31/44		Houstonians for Safe & Healthy Schoo	ols			00088922				
4	Date 10/01/2024		Payee name Anedot								
6	Amount (\$) \$10.30										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	10/01/2024		Anedot								
	Amount (\$) \$20.30		1340 Poydras Street Suite 1770	; Zip Co	de						
	PURPOSE OF EXPENDITURE						ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	09/30/2024		Anedot								
	Amount (\$) \$6.30		Payee address; City; State 1340 Poydras Street Suite 1770	; Zip Co	de						
			New Orleans, LA 70112								
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if Austin, TX, officeholder living expense Transaction fee       Check if Austin, TX, officeholder living expense											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 15/27 Rpt: 32/44	Houstonians for Safe & Healthy Schools	00088922								
4	Date 09/30/2024	Payee name Anedot									
6	Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Transaction fee											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/29/2024	Anedot									
	Amount (\$)Payee address;City;State;Zip Code\$200.301340 Poydras Street Suite 1770										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense B <b>C</b>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/27/2024	Anedot									
	Amount (\$) \$100.30	Payee address;City;State;Zip Code1340 Poydras Street Suite 1770									
		New Orleans, LA 70112									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense BC								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Event Expense Lo Fees O Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr umittee Legal Services Sa The Instruction Guide explains hov	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 16/27 Rpt: 33/44		Houstonians for Safe & Healthy Schools				00088922		
4	Date 10/07/2024	5	Payee name BlueWest Media						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$204,000.00 5130 East 18th Avenue Denver, CO 80220								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       CTV/TV ad buys									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce soug	ht		Office held		
	Date		Payee name						
	10/17/2024		BlueWest Media						
	Amount (\$) \$280,000.00		Payee address; City; State; Z 5130 East 18th Avenue	Zip Cod	е				
			Denver, CO 80220						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Advertising Expense	ıle) (		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce soug	ht		Office held		
	Date		Payee name						
	10/22/2024		BlueWest Media						
	Amount (\$) \$200,000.00		Payee address; City; State; Z 5130 East 18th Avenue	Zip Cod	e				
			Denver, CO 80220	i					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Advertising Expense	ıle) <b>(</b>		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 17/27 Rpt: 34/44		Houstonians for Safe & Healthy School	S			00088922			
4	Date 10/24/2024	5	Payee name BlueWest Media							
6	Amount (\$)       7       Payee address; City; State; Zip Code         \$200,000.00       5130 East 18th Avenue         Denver, CO 80220									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CTV/TV ad buys										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	10/25/2024		BlueWest Media							
	Amount (\$) \$30,000.00		Payee address; City; State; 5130 East 18th Avenue	Zip Co	le					
			Denver, CO 80220							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	10/08/2024		DSPolitical							
	Amount (\$) \$61,142.39		Payee address;City;State;1133 15th St NW Ste 800	Zip Co	le					
			Washington, DC 20005							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	ffice sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political ( Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	·			3	Filer ID (Ethics Commission Filers)			
1	Sch: 18/27 Rpt: 35/44	2	Houstonians for Safe & Healthy Schools	6			00088922			
4	Date 10/24/2024	5	Payee name DSPolitical							
6	Amount (\$)	7		Zin Cor	de					
J	\$100,000.00	\$100,000.00 1133 15th St NW Ste 800								
			Washington, DC 20005							
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Digital targeting       Image: Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	ffice soug	ght		Office held			
	Date		Payee name							
	10/15/2024		DSPolitical							
	Amount (\$)		Payee address; City; State;	Zip Coo	de					
	\$77,817.61		1133 15th St NW Ste 800 Washington, DC 20005							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Advertising Expense	dule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	ffice soug	ght		Office held			
⊨	Date		Payee name							
	10/24/2024		InFocus Campaigns, LLC							
	Amount (\$) \$13,079.64		Payee address;City;State;4 NE 10th St, #260	Zip Coo	de					
			Oklahoma City, OK 73104							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Advertising Expense	dule)		n, TX,	de of Texas. Complete Schedule T. . officeholder living expense AGES			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	ffice soug	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Fees Offici Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi Legal Services Salar The Instruction Guide explains how to	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 19/27 Rpt: 36/44		Houstonians for Safe & Healthy Schools				00088922			
4	Date 10/11/2024	5	Payee name JPBE Consulting							
6	Amount (\$) \$ Amount (\$ Amount (\$) \$ Amount (\$) \$ Amount (\$ Amount (\$) \$ A									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       Sign placement										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sough	t		Office held			
	Date		Payee name							
	10/17/2024		JPBE Consulting							
	Amount (\$) \$5,600.00		Payee address; City; State; Zip PO Box 14226	) Code						
			Houston, TX 77221							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b		, TX,	de of Texas. Complete Schedule T. officeholder living expense nents			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sough	t		Office held			
	Date		Payee name							
	09/30/2024		JPBE Consulting							
	Amount (\$) \$5,100.00		Payee address; City; State; Zip PO Box 14226	) Code						
			Houston, TX 77221							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Consulting Expense	(b		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sough	t		Office held			

			EXPENDITURE CATEGORIES FO	R BC	OX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees         Office Or           Food/Beverage Expense         Polling E           Gift/Awards/Memorials Expense         Printing I           Imittee         Legal Services         Salaries/	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 20/27 Rpt: 37/44		Houstonians for Safe & Healthy Schools				00088922			
4	Date 10/25/2024	5 Payee name JPBE Consulting								
6	Amount (\$)	7	-	ode						
Ū	\$30,615.00	\$30,615.00 PO Box 14226								
			Houston, TX 77221							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense nents			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Office so	ught			Office held			
	Date		Payee name							
10/25/2024 JPBE Consulting										
	Amount (\$)		Payee address; City; State; Zip C	ode						
	\$8,830.00		PO Box 14226 Houston, TX 77221							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense rkers			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
⊨	Date		Payee name							
	10/07/2024		Jennifer Naedler Consulting							
	Amount (\$)		Payee address; City; State; Zip C	ode						
	\$12,570.61		12122 Cypress Creek Lakes Dr							
			Cypress, TX 77433	1						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Consulting Expense	(b)		тx,	de of Texas. Complete Schedule T. officeholder living expense mission			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Office so	ught			Office held			

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2		Filer ID (Ethics Commission Filers)						
-	Sch: 21/27 Rpt: 38/44		Houstonians for Safe & Healthy School	S			00088922			
4	Date	5	Payee name							
	10/08/2024		MJE Strategies							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$9,042.70		35202 Gawain Court							
			Fremont, CA 94536							
8	PURPOSE	(a)			(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Advertising Expense	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense			
					Digital servic	es	and palm card			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
10/11/2024 MJE Strategies										
Amount (\$) Payee address; City; State; Zip Code										
	\$93,570.71		35202 Gawain Court	•						
			Fremont, CA 94536							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
							and direct mail			
						9				
_	Complete ONLY if direct		Candidate/Officeholder name O	office soug	iht		Office held			
	expenditure to benefit C/OI				,					
_	Date		Pavee name							
	10/22/2024		MJE Strategies							
	Amount (\$)			ZIP CO	ie					
	\$164,263.26		35202 Gawain Court							
			Fremont, CA 94536							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense digital services			
					Direct mail a	u				
_	Complete ONLV if direct	Ļ	Candidato/Officabaldar name	office cours	uht		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ji it		Office held			

		EXPENDITURE CATEGORIES	FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loa Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin hittee Legal Services Sala The Instruction Guide explains how	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)						
	Sch: 22/27 Rpt: 39/44	Ioustonians for Safe & Healthy Schools								
4	Date 10/03/2024	Payee name MJE Strategies								
6	Amount (\$) \$1,692.06	7 Payee address;       City;       State; Zip Code         06       35202 Gawain Court         Fremont, CA 94536								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant flight, hotel, and rental car										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Office held								
	Date	Payee name								
	Amount (\$) \$11,292.85	ayee address; City; State; Zij 5202 Gawain Court	O Code							
	PURPOSE OF EXPENDITURE	Tremont, CA 94536 Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel ou	tside of Texas. Complete Schedule T. 'X, officeholder living expense s and design						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held						
	Date	ayee name								
	10/03/2024	JE Strategies								
	Amount (\$) \$13,328.17	ayee address; City; State; Zij 5202 Gawain Court	) Code							
		remont, CA 94536								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel ou	tside of Texas. Complete Schedule T. 'X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held						

			EXPENDITURE CATEGOR	RIES FOF	R BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 23/27 Rpt: 40/44		Houstonians for Safe & Healthy School	ls		-	00088922				
4	Date	5	Payee name								
	09/30/2024	MJE Strategies									
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$2,600.00	.00 35202 Gawain Court									
			Fremont, CA 94536								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense	ouuloy		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE					, тх,	, officeholder living expense				
					Photography						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
⊨	Date		Payee name								
	10/03/2024		MJE Strategies								
_		<u> </u>	-	7. 0							
	Amount (\$)			Zip Co	de						
	\$2,600.00		35202 Gawain Court								
			Fremont, CA 94536								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.				
					Consulting fe	if Austin, TX, officeholder living expense					
					Consulting le	e					
┝	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt		Office held				
	expenditure to benefit C/Oł				gin		Onice field				
⊨	Date		Payee name								
	10/15/2024		MJE Strategies								
-	Amount (\$)		-	Zip Co	de						
	\$35,647.72		35202 Gawain Court	Ζιρ Ου	uc						
	\$55,0 <del>4</del> 7.72										
			Fremont, CA 94536								
⊢	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF		Advertising Expense	cuuic)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		<b>3</b>		Check if Austin	, тх,	, officeholder living expense				
					Direct mail						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
		1									
		_				_					

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Transportatior Travel in Distr Travel Out of	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILE	R NAME				3 Filer ID	(Ethics Commission Filers)			
_	Sch: 24/27 Rpt: 41/44		stonians for Safe & Healt	hy Schoo	ls		00088922	· · · · · · · · · · · · · · · · · · ·			
4	Date 10/21/2024	5 Payee name MJE Strategies									
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$73,526.54       35202 Gawain Court       Fremont, CA 94536       Fremont, CA 94536										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Direct mail       Image: Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht	Office	held			
	Date	Paye	e name								
	10/07/2024	Man	moth Marketing Group								
	Amount (\$) \$5,000.00	4500 Suite	e address; City; ) Bissonnet St e 370 aire, TX 77401	State;	; Zip Coo	le					
	PURPOSE OF EXPENDITURE		GOTY (See Categories listed at the sulting Expense	top of this sch	iedule)		n, TX, officeholder liv	omplete Schedule T. ing expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						held			
	Date	Paye	e name								
	09/30/2024		moth Marketing Group								
	Amount (\$) \$5,000.00	4500 Suite	e address; City; ) Bissonnet St e 370 aire, TX 77401	State;	; Zip Coo	le					
	PURPOSE OF EXPENDITURE		GORY (See Categories listed at the sulting Expense	top of this sch	edule)		n, TX, officeholder liv	omplete Schedule T. ing expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office sou	ht	Office	held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overheal/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 25/27 Rpt: 42/44	Houstonians for Safe & Healthy Schools	00088922							
4	Date 10/01/2024	5 Payee name Patino Strategies LLC								
6	Amount (\$) \$5,000.00									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Consulting Expense       (b) Description         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Office held								
	Date	Payee name								
	10/04/2024	Putnam Partners								
	Amount (\$) \$9,182.02	Payee address; City; State; Zip Code 1301 K St, NW Suite 300W Washington, DC 20005								
	PURPOSE OF EXPENDITURE	Advertising Expense (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T. TX, officeholder living expense iiON							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	ght Office held							
	Date	Payee name								
	09/30/2024	Sprint2Print								
	Amount (\$) \$2,150.00	Payee address;City;State;ZipCode8748 Clay Rd Suite 300								
		Houston, TX 77080								
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Collateral printing									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gi nmittee Le	vent Expense bes bod/Beverage Expense ft/Awards/Memorials Expense gal Services <b>he Instruction Guide e</b> 2	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:									
-	Sch: 26/27 Rpt: 43/44		bustonians for Safe & Healthy Schools 00088922							
4	Date 09/30/2024	5 Payee name Sprint2Print								
6	Amount (\$) 7 Payee address; City; State; Zip Code \$2,381.50 8748 Clay Rd Suite 300 Houston, TX 77080									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Printing Expense       (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yard signs										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Office	holder name	Office sou	ught	Office held				
	Date	Payee name								
10/15/2024 Sprint2Print										
	Amount (\$) \$772.63	.63 Payee address; City; State; Zip Code 8748 Clay Rd Suite 300								
		Houston, TX	77080							
	PURPOSE OF EXPENDITURE	Category <sub>(See</sub> Printing Expe	Categories listed at the top on <b>NSE</b>	of this schedule)		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ting				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/17/2024	Star Financia	l Management							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$1,500.00     \$109 82nd St Suite 7 #1111									
		Lubbock, TX			i					
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bookkeeping									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ught	Office held				

			EV	PENDITURE CATEG			V 9(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F			Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymen erhead pense kpense /ages/	t/Reimbursement /Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FIL	ER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 27/27 Rpt: 44/44			Safe & Healthy Scho	ols				00088922		
4	Date	5 Payee name									
	10/21/2024	Va	ntage Legal								
6	Amount (\$)	<b>7</b> Pay	/ee address;	City; Stat	e; Zip Co	de					
	\$4,107.00	PC	Box 341016								
		Au	stin, TX 74734	L							
8	PURPOSE	(a) Cat	edory (See Cate	gories listed at the top of this s	chedule)	(b)	Description				
	OF		gal Services		cheddic)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		5				Check if Austin	ı, ТХ,	officeholder living	expense	
							September le	ega	l fees		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		lidate/Officehold	der name	Office sou	ght			Office he	eld	
	Date	Pay	/ee name								
	10/21/2024	'	ntage Legal								
	Amount (\$)		/ee address;	City; Stat	e; Zip Co	db					
	.,	-	Box 341016	City, Stat	.с, ∠р сс	uc					
	\$9,239.50		DUX 341010								
		Au	stin, TX 74734	Ļ							
	PURPOSE					(b)	Description				
	OF			gories listed at the top of this s	chequie)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Legal Services							officeholder living		
							August legal	fee	S		
	Complete ONLY if direct	L Cano	lidate/Officehold	der name	Office sou	aht			Office he	eld	
	expenditure to benefit C/OI	Η				5					