FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080619 3 COMMITTEE NAME **OFFICE USE ONLY** Charter Schools Now PAC Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3005 S. Lamar Blvd Date Hand-delivered or Date Postmarked Suite D109 #250 Change of Address Austin, TX 78704 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rex NAME NICKNAME LAST **SUFFIX** Gore STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1304 W. Oltorf St. STREET **ADDRESS** (Residence or Business) Austin, TX 78704 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3005 S. Lamar Blvd MAILING **ADDRESS** Suite D109 #250 Austin, TX 78704 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 694-7777 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Charter Schools Now F	PAC		00080619	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Caroline Harris Davila State F	Representative	9
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	\$	67,312.73	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	807.47	
	4. TOTAL POLITICA	L EXPENDITURES	\$	89,252.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	660,139.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Re	x Gore	
		Signature of Ca	ampaign Treasu	rer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

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						1 age 6 6. 66
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Lujan State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Marc LaHood State Represe	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		mare Larioou State Nepresi	indive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 (COMMITTEE NAME						13 Filer ID	((Ethi	cs Cor	nmissio	on Filer	rs)
C	Charter Schools Now P	AC					00080619	9					
14 (COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Cecilia Castellano State Rep	res							
p	Attach lists on plain paper to complete this eport if necessary.)		B.	Opposed									
		2. Measures	Α.	Supported									
		(Describe by date and location of election and nature of issue.)		Сарропоа									
			B.	Opposed									
		Officeholders Assisted (Identify by name or, if											
	COMMITTEE	applicable, classify by party.)	\leftarrow	Commented		_							
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Charles Cunningham State F	≀ер	resentative						
p	Attach lists on plain paper to complete this eport if necessary.)		B.	Opposed									
		2. Measures (Describe by date and location of election and nature of issue.)	Α.	Supported									
			B.	Opposed									
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)											
	COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)	A.	Supported	David Cook State Represent	ativ	/e						
p	Attach lists on plain paper to complete this eport if necessary.)		В.	Opposed									
		2. Measures (Describe by date and location of election and nature of issue.)	Α.	Supported									
			B.	Opposed									
		3. Officeholders Assisted (Identify by name or, if											
		Assisted))										

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC				00080619	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Villalobos State Ro	eprese	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	Candidates	Δ Supported	Don McLaughlin State Re	nrocon	ntativo	
	ACTIVITY	(Identify by name or, if		Don McLaughiin State Re	epreser	ilalive	
		applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dr. Brad Buckley State Re	eprese	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Charter Schools Now	PAC			00080619	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Eddie Morales Jr. State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Hillary Hickland State Rep	oresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Janie Lopez State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
_	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Assisted (Identify by name or, if				

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12 COMMITTEE NAME 1. Candidates discription years or a general table of teach state of teach								rage / 0130
1. Candidates (Chemy by party) A. Supported John Bucy State Representative general paper to complete this report if necessary.) 2. Measures Describe by date and bootion of dectors and state of fiscal party to party. 3. Officeholders Assisted Cataly by party. 3. Officeholders Assisted Seption of dectors and state of fiscal paper to complete this report if necessary.) 4. Supported Describe by date and bootion of dectors and state of fiscal party. 5. COMMITTEE ACTIVITY A. Supported Jolanda Jones State Representative State Re	12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures Describe by date and souther of effective and eff		Charter Schools Now Pa	AC				00080619	
paper to complete this report if necessary.) 2. Measures Describe by date and boston of selection and nature of folia.is) 3. Officeholders Assisted (destry by name or it application, classify by party). COMMITTEE ACTIVITY 1. Candidates ACTIVITY 1. Candidates ACTIVITY 2. Measures Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) 2. Measures Describe by date and boston of selection and nature of folia.is) Describe by party Describe by date and boston of selection and nature of folia.is) 3. Officeholders Assisted (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 1. Candidates Assisted Describe by date and boston of selection and nature of folia.is) 3. Officeholders Assisted Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) 2. Measures Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) 3. Officeholders Assisted Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) Describe by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date and boston of selection and nature of folia.is) Described by date an			(Identify by name or, if		Supported	John Bucy State Representative	9	
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Describe by date and focus on set extra plan paper to complete his report if necessary.) COMMITTEE ACTIVITY			2. Measures	Α.	Supported			
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Assisted (identity by party). COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 2. Measures (Describe by date and nature of issue.) 3. Officeholders Assisted (identity by name or, if applicable, classify by party). B. Opposed B. Opposed B. Opposed B. Opposed COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Keresa Richardson State Representative Keresa Richardson State Representative (Committy by name or, if applicable, classify by party). B. Opposed B. Opposed A. Supported Supported A. Supported Supported A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed				B.	Opposed			
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ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Keresa Richardson State Representative (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed		COMMITTEE		_	Cupported	Jalanda Janas Ctata Danzasant	a tive	
(Attach lists on plain paper to complete this report if necessary.) 2. Measures Describe by date and location of location and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures Describe by date and location and nature of issue.) B. Opposed A. Supported Keresa Richardson State Representative (dentify by name or, if applicable, classify by party.) B. Opposed				Α.	Supporteu	Joianua Jones State Represent	auve	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported Keresa Richardson State Representative (Lessify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if location of lection and nature of issue.)								
Committee Comm		paper to complete this		B.	Opposed			
B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed			(Describe by date and location of election and	A.	Supported			
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Keresa Richardson State Representative B. Opposed A. Supported B. Opposed A. Supported A. Supported A. Supported Opposed B. Opposed B. Opposed			·	B.	Opposed			
applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed			Assisted					
(Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if			applicable, classify by party.)					
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(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if		paper to complete this		B.	Opposed			
B. Opposed 3. Officeholders Assisted (Identify by name or, if			2. Measures	A.	Supported			
3. Officeholders Assisted (Identify by name or, if			location of election and					
Assisted (Identify by name or, if				B.	Opposed			
applicable, classify by party.)			Assisted (Identify by name or, if					
			applicable, classify by party.)					

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Charter Schools Now Pa	AC			00080619	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mark Dorazio State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Mitch Little State Representati	ve	-
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		,		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Solomon Ortiz State Represer	itative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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			13 Filer ID	(Ethics Commission Filers)
AC			00080619	
1. Candidates (Identify by name or, if applicable, classify by party.)		Brandon Hall State Board	Of Education	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sayda Mitchell-Morales S	chool Board Trustee	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Sayda Mitchell-Morales S (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed	AC 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Sayda Mitchell-Morales School Board Trustee (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Sayda Mitchell-Morales School Board Trustee (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported B. Opposed

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					10 of 38
17 COMM	ITTE	E NAME	18 Filer ID	(Ethics Commis	sion Filers)
Charte	er Sc	hools Now PAC	00080619		,
10 SCHEE) III E	SUBTOTALS		1	
		CHEDULE		SUBTOTAL	L AMOUNT
IVAIVIL	01 0	CHEDGEE			
1.	7	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	67,187.42
	<u> </u>			4	01,101112
	_				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	7	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
<u> </u>		ORGANIZATION		<u> </u>	
I , r	_	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.		LABOR ORGANIZATION		\$	
_					
6.	<	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	125.31
7.	7	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
<u> </u>		ORGANIZATION		<u> </u>	
8. F	7	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (
°.	_	SCHEDULE D. FLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (JRGANIZATION	\$	
	_				
9.	╛	SCHEDULE E: LOANS		\$	
10.	₹	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	89,252.53
11.	7	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		6	
⁺⁺ . L	_	SCHEDOLE 12. UNFAID INCORNED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	7	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
∟	_	CONTENDED IN TOUR OF THE PROPERTY OF THE CONTRIBUTION OF THE CONTR	3110	٩	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	┙	TO FILER		\$	
				1	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 11/38	
2	FILER NAME Charter Scho	pols Now PAC			3	Filer ID (Ethics Commission 00080619	n Filers)
4	Date 10/16/2024	5 Full name of contributorAli, Sehba6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$104.48
_		Sugar Land, TX 77479	la la		<u></u>		
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions KIPP Texas Public Scho	•	5	
	Date Full name of contributor out-of-state PAC (ID#:) 10/07/2024 Ay, Faith Contributor address; City; State; Zip Code Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions)					Amount of Contribution (\$)	\$26.35
	Principal occu	l '		Employer (See Instructions	<u> </u> ;)		
	CEO Harmony Publ						
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$5.52
		Austin, TX 78748					
	Principal occu Nonprofit Op	pation / Job title (See Instructions) perations		Employer (See Instructions TPCSA	s)		
	Date Full name of contributor out-of-state Principle 10/15/2024 Benscoter, Andrew		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$260.73
		pation / Job title (See Instructions) edge Officer		Employer (See Instructions Upbring / Trinity Charter		chools	
	Date 10/19/2024	Chief Knowledge Officer Upbring / Trinity Char Oate Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$208.65
	Principal occu Education	pation / Job title (See Instructions)		Employer (See Instructions Triumph Public High Sci		ols	
	-						

	MONET	ARY POLITICAL CONT	SCHEDULE A1				
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 12/38	
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commissio 00080619	n Filers)
4	Date 10/02/2024	Brannon, Leonard	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$52.40
8		Dallas, TX 75204 pation / Job title (See Instructions)	9	Employer (See Instructions Cityscape Schools	<u> </u> ;)		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$104.48
	Principal occu Educator	Employer (See Instructions Essence Preparatory	<u> </u> ;)				
	Date 10/21/2024)		Amount of Contribution (\$)	\$100.00		
		Houston, TX 77007 pation / Job title (See Instructions)		Employer (See Instructions	•	opening Inc	
	10/19/2024 Coleman, Sabine		of-state PAC (ID#:	Academy of Accelerated		Amount of Contribution (\$)	\$50.00
	'	Austin, TX 78714 pation / Job title (See Instructions) tant		Employer (See Instructions 212 Catalysts	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/17/2024 Conger, Edward Contributor address; City; State; Zip Code Rockwall, TX 75087					Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) Retired Marine Infantry Officer		Employer (See Instructions ILTexas	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 13/38			
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission 00080619	ı Filers)		
4	Date 10/22/2024	Diaz, Daniel	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$50.00		
•	Dringinal occu	Miami Springs, FL 33166 pation / Job title (See Instructions)	ام	Employer (See Instructions	_				
0		Service Provider	9	Academica	')				
	Date 10/22/2024	Full name of contributor Goines, Janice Contributor address; City; State;				Amount of Contribution (\$)	\$25.00		
		Cedar Hill, TX 75104							
	•	pation / Job title (See Instructions) my School Board		Employer (See Instructions Board Member	()				
	Date Full name of contributor out-of-state PAC (ID 10/22/2024 Gooding, Yasan Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$15.94		
	Dringing agg	San Antonio, TX 78260		Employer (Coo Instructions	_				
	IS/IT special	pation / Job title (See Instructions) ist		Employer (See Instructions Valero)				
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$50.00		
	•	Memah, TX 77565 pation / Job title (See Instructions) ent		Employer (See Instructions Odyssey Academy	5)				
	Date Full name of contributor out-of-state PAC (ID#: 10/02/2024 Hess, Jessica Contributor address; City; State; Zip Code Harlingen, TX 78552					Amount of Contribution (\$)	\$26.35		
	Principal occu Chief	pation / Job title (See Instructions)		Employer (See Instructions Idea public schools	5)				
			L_						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 14/38	
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission Filers) 00080619	
4	Date 10/22/2024	Hurtado, Josephine	-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$25.	00
_	Daine in a la casa	San Antonio, TX 78231		Farada a (Cara la decentia a			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	i) 		
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Kassinger, Cherie Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$26.	35	
Fair Oaks Ranch, TX 78015 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired		Employer (See Instructions Retired	<u>(</u>				
	Date Full name of contributor out-of-state PAC (ID#:) 10/02/2024 Knobloch, Carla Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$50,000.	00	
		Houston, TX 77002 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u>		
Philanthropist Date 10/22/2024 Full name of contributor Contributor address; City; State; Zip Code San Antonio, TX 78223				Amount of Contribution (\$) \$104.			
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Jubilee Academies	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) Landers, John Contributor address; City; State; Zip Code San Angelo, TX 76904			Amount of Contribution (\$) \$104.	4 8		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Texas Leadership)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N 	IS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 15/38	
2	FILER NAME Charter Scho	ools Now PAC				3	Filer ID (Ethics Commission 00080619	n Filers)
4	Date 10/22/2024	 Full name of contributor McCloskey Morris, Roxi Contributor address; City; S 	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$26.35
		San Antonio, TX 78230						
8	Principal occu Retired	pation / Job title (See Instructions	s)	9	Employer (See Instructions Retired	5)		
	Date 10/22/2024	Full name of contributor Miller, Amy Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1.00
	Principal occu	Dripping Springs, TX 786 pation / Job title (See Instructions			Employer (See Instructions	=)		
	·	rassroots Engagement	·)		TPCSA	·)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/04/2024 Mitchell, Julia Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.73			
		Austin, TX 78748						
	Principal occu Fundraising	pation / Job title (See Instructions	;)		Employer (See Instructions CSN	5)		
	Date 10/21/2024	Full name of contributor Moger, Scott Contributor address; City; S Belton, TX 76513	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$52.40
	Principal occu Superintende	pation / Job title (See Instructions ent	s)		Employer (See Instructions Priority Charter Schools			
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 Oliver, Charles Contributor address; City; State; Zip Code Crandall, TX 75114			Amount of Contribution (\$)	\$26.35			
	Principal occu Systems Eng	pation / Job title (See Instructions	s)		Employer (See Instructions Texans Can Academy	5)		
	, <u>-</u>	-						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 16/38
2	FILER NAME Charter Scho	ools Now PAC			3	Filer ID (Ethics Commission Filers) 00080619
4	Date 10/15/2024 5 Full name of contributor out-of-state PAC (ID#:) Salazar, Angel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$26.35		
8	Principal occu	Kyle, TX 78640 pation / Job title (See Instructions)	اوا	Employer (See Instructions	?) 	
	CRM Admin	oddon 7 oob tide (oee moddellons)		TPCSA	"	
	Date Full name of contributor out-of-state PAC (ID#:) Schulman, Lopez, Hoffer & Adelstein, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00		
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)		Employer (See Instructions	-, 	
	r illicipai occu	oation / Job title (See Instituctions)		Employer (See instructions	·)	
	Date 10/16/2024	Full name of contributor out-of-state PAI Thacker, Allison Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$) \$5,000.00
		Houston, TX 77005				
	Principal occu Finance	pation / Job title (See Instructions)		Employer (See Instructions Rice University	5)	
	Date 10/15/2024	Full name of contributor out-of-state PAI Villarreal, Sara Contributor address; City; State; Zip Code San Antonio, TX 78212				Amount of Contribution (\$) \$260.73
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed	5)	
Date Full name of contributor out-of-state PAC (ID#:) 10/07/2024 Wilson, Brent Contributor address; City; State; Zip Code Midlothian, TX 76065			Amount of Contribution (\$) \$52.40			
	Principal occu Superintende	pation / Job title (See Instructions) ent		Employer (See Instructions Life School	s)	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 17/38	
2	FILER NAME Charter Scho	ools Now PAC		3	Filer ID (Ethics Commissio 00080619	n Filers)
4	Date 10/25/2024	5 Full name of contributor out-of-state PAC (ID#:_ Wilson, Meg 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$62.23
8		Austin, TX 78704 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Retired Date Full name of contributor out-of-state PAC (ID#:) 10/21/2024 Wood, Justin Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$52.40	
	Principal occu Attorney	Austin, TX 78731 upation / Job title (See Instructions)	Employer (See Instructions Schulman, Lopez, Hoffe		& Adelstein LLP	
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Julia Contributor address; City; State; Zip Code Rosharon, TX 77583			Amount of Contribution (\$)	\$26.27
	Principal occu Superintend	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION 1 Total pages Schedule C3:

	The Instruction Guide explains how to complete this form.				Total pages Schedule C3: Sch: 1/1 Rpt: 18/38
2	2 FILER NAME Charter Schools Now PAC			3	Filer ID (Ethics Commission Filers) 00080619
4	Date 10/07/2024	5	Corporation / Labor Organization name CheckBox Pro	6	Amount (\$) 125.31

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/20 Rpt: 19/38	Charter Schools Now PAC	00080619
4 Date	5 Payee name	<u>'</u>
09/27/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$4.14	1340 Poydras St., Ste. 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
O Consulate ONE Vitalian et	Out distance (Office healther warms	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held
D-t-		
Date	Payee name	
10/02/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$2.40	1340 Poydras St., Ste. 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
10/07/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.35	1340 Poydras St., Ste. 1770	
- "		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
		Greate Gara Merenant 1 ees
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		Since Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/20 Rpt: 20/38	2 FILER NAME Charter Schools Now PAC 3 Filer ID (Ethics Commission Filers) 00080619
4 Date	5 Payee name
10/08/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.73	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Cotogony (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5 .	
Date	Payee name
10/09/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$9.06	1340 Poydras St., Ste. 1770
Expenditure from	No. 20 June 14 70442
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/18/2024	Anedot, Inc.
10/10/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$22.81	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
•	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
	Groute Sara Meronalit 1 665
Complete ONE VIII	Condidate/Officeholder some
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAMATO TO BOTTOM O/OI	·

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment		
1 Total pages Schedule F		
Sch: 3/20 Rpt: 21/38	Charter Schools Now PAC 00080619	
4 Date	5 Payee name	
10/21/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$219.5	6 1340 Poydras St., Ste. 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Credit Card Merchant Fees	
Complete ONLY if direct expenditure to benefit Ca		
Date	Payee name	
10/23/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$22.5		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Credit Card Merchant Fees	
Complete ONLY if direct expenditure to benefit Ca	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name	
10/23/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.3	1340 Poydras St., Ste. 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit Card Merchant Fees	
Complete CNII V if all and a	Condidate/Officeholder name Office equals	
Complete ONLY if direct expenditure to benefit Co		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/20 Rpt: 22/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
10/25/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.52	1340 Poydras St., Ste. 1770
40.02	
Expenditure from	Now Orleans I A 70112
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit Card Merchant Fees
	Credit Card Werchant Fees
O Committee Chillian III	On didn't 10 ff a halden name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponentare to benefit 6/01	
Date	Payee name
10/25/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$14.71	1340 Poydras St., Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
Date	Payee name
10/01/2024	Brandon Hall Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2989
Expenditure from corporate funds	Weatherford, TX 76086
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 5/20 Rpt: 23/38	Charter Schools Now PAC	00080619		
4 Date	5 Payee name	·		
10/10/2024	CallHub			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$625.00	1811 Silverside Rd.			
Expenditure from				
corporate funds	Wilmington, DE 19810			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Texting Service		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	L ught Office held		
expenditure to benefit C/OI	Harris Davila, Caroline State Re	epresentative District 52 State Representative District 52		
Date	Payee name			
10/10/2024	CallHub			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$625.00	1811 Silverside Rd.			
Expenditure from corporate funds	Wilmington, DE 19810			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Texting Service		
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held		
expenditure to benefit C/OI	Hull, Lacey State Re	epresentative District 138 State Representative District		
Date	Payee name			
10/10/2024	CallHub			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$625.00	1811 Silverside Rd.			
Expenditure from				
corporate funds	Wilmington, DE 19810			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Texting Service		
Complete ONLY if direct	Candidate/Officeholder name Office so	L ught Office held		
expenditure to benefit C/OH LaHood, Marc State Representative District 121				
İ				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Office helder (Political Committee)

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/20 Rpt: 24/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
10/10/2024	CallHub
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$625.00	1811 Silverside Rd.
Expenditure from corporate funds	Wilmington, DE 19810
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Texting Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	Lujan, John State Representative District 118 State Representative District
Date	Payee name
09/27/2024	Caroline Harris Davila Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 700
Funanditura from	
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
10/22/2024	Payee name Carr Marketing, Inc
	5
Amount (\$)	Payee address; City; State; Zip Code
\$1,045.76	131 Honeycomb Ct
Expenditure from corporate funds	Encinitas, CA 92024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Message Phone Calls: In-kind to Caroline Harris Davila Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/20 Rpt: 25/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
10/22/2024	Carr Marketing, Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$969.60	131 Honeycomb Ct
Expenditure from	
corporate funds	Encinitas, CA 92024
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Message Phone Calls: In-kind to John Lujan
	Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/22/2024	Carr Marketing, Inc
	Payee address; City; State; Zip Code
Amount (\$) \$670.40	131 Honeycomb Ct
Φ070.40	131 Holleycollib Ct
Expenditure from corporate funds	Encinitas, CA 92024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Message Phone Calls: In-kind to Lacey Hull
	Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/22/2024	Carr Marketing, Inc
Amount (\$)	Payee address; City; State; Zip Code
\$872.64	131 Honeycomb Ct
Expenditure from	
corporate funds	Encinitas, CA 92024
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Message Phone Calls: In-kind to Marc LaHood
	Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/20 Rpt: 26/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
09/27/2024	Cecilia Castellano Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	430 Savannah Heights
Expenditure from corporate funds	Von Ormy, TX 78073
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/08/2024	Charles Cunningham Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 13452
Expenditure from corporate funds	Humble, TX 77347
PURPOSE	I
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaigh Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	David Cook Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	309 E Broad St
Expenditure from corporate funds	Mansfield, TX 76063
PURPOSE	I
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Sampaigh Sommand
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 9/20 Rpt: 27/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
09/27/2024	Denise Villalobos Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	10330 Kingsbury Dr
Expenditure from corporate funds	Corpus Christi, TX 78410
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORL	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/OI	1
Date	Payee name
09/27/2024	Don McLaughlin Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 1707
Expenditure from corporate funds	Uvalde, TX 78802
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Organists ONII Wife discret	Our stide to 100% as health as a sure
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Dr. Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	7321 FM #2843
,	
Expenditure from corporate funds	Salado, TX 76571
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S. policita to bollont 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide exp	plains how to complete this	form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 10/20 Rpt: 28/38	Charter Schools Now PAC		00080619	
4 Date	5 Payee name		•	
09/27/2024	Eddie Morales Jr. for TX State Re	p.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$1,000.00	352 Hillcrest Blvd.			
Expenditure from corporate funds	Eagle Pass, TX 78852			
8 PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Descri	iption	
OF EXPENDITURE	Contributions/Donations Made By		eck if travel outside of Texas. Con	
	Candidate/Officeholder/Political C		eck if Austin, TX, officeholder livin	g expense
		Camp	paign Contribution	
O Commission ONLL V if direct	Condidate Office halder races	Office country	Office le	ald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office h	eid
Date	Payee name			
10/25/2024	Facebook			
Amount (\$)	Payee address; City;	State; Zip Code		
\$225.06	1 Hacker Way			
Evponditure from				
Expenditure from corporate funds	Menlo Park, CA 94022			
PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Descri	iption	
OF EXPENDITURE	Advertising Expense	´	eck if travel outside of Texas. Con	nplete Schedule T.
EXPENDITORE		-	eck if Austin, TX, officeholder livin	g expense
		Socia	al Media Advertising	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office h	
	Harris Davila, Caroline	State Representati	ve district 52 State F	Representative District 52
Date	Payee name			
10/25/2024	Facebook			
Amount (\$)	Payee address; City;	State; Zip Code		
\$225.06	1 Hacker Way			
Expenditure from corporate funds	Menlo Park, CA 94022			
PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Descri	iption	
OF EXPENDITURE	Advertising Expense	′ I <u> </u>	eck if travel outside of Texas. Con	nplete Schedule T.
EXPENDITURE		-	eck if Austin, TX, officeholder livin	g expense
		Socia	al Media Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office h	
experientale to beliefft C/O	H Hull, Lacey	State Representati	ive District 138 State F	Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	•		es/Contract Labor	OTHER (enter a c	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		[;	3 Filer ID	(Ethics Commission Filers)
Sch: 11/20 Rpt: 29/38	Charter Schools Now PA	C		00080619	
4 Date	5 Payee name				
10/25/2024	Facebook				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$225.07	1 Hacker Way				
Evponditure from					
Expenditure from corporate funds	Menlo Park, CA 94022				
8 PURPOSE OF	(a) Category (See Categories listed a	at the top of this schedule)	Description		
EXPENDITURE	Advertising Expense		<u> </u>	utside of Texas. Comp TX, officeholder living	
			Social Media A		олронос
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/OI		ŭ	sentative Distric		
Date	Payee name	<u> </u>			
10/25/2024	Facebook				
		State: Zip Code			
Amount (\$) \$225.07	, ,,	State, Zip Code			
φ <u>2</u> 25.07	1 Hacker Way				
Expenditure from corporate funds	Menlo Park, CA 94022				
PURPOSE	(a) Category (See Categories listed a	at the top of this schedule) (b)	Description		
OF EXPENDITURE	Advertising Expense			utside of Texas. Comp	
			Social Media	TX, officeholder living	expense
			Joolal Media A	averusing	
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/OI		ŭ			epresentative District
Data					
Date	Payee name	n			
09/27/2024	Hillary Hickland Campaig				
Amount (\$)	Payee address; City;	State; Zip Code			
\$1,000.00	6318 Brayson Oaks Ct.				
Expenditure from corporate funds	Belton, TX 76513				
PURPOSE	(a) Category (See Categories listed a	et the top of this schodule) (h	Description		
OF	Contributions/Donations N	' '		utside of Texas. Comp	lete Schedule T.
EXPENDITURE	Candidate/Officeholder/P		ш	TX, officeholder living	expense
			Campaign Co	ntribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office hel	ld
ехрениците то репент С/ОГ	I				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/20 Rpt: 30/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
09/27/2024	Janie Lopez for Texas House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 2073
Expenditure from corporate funds	San Benito, TX 78586
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	John Bucy Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 536
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	John Lujan for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 14479
•	
Expenditure from corporate funds	San Antonio, TX 78214-0479
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 13/20 Rpt: 31/38	2 FILER NAME3 Filer ID(Ethics Commission Filers)Charter Schools Now PAC00080619
4 Date	5 Payee name
09/27/2024	Jolanda Jones Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	10709 Marsha Lane
Expenditure from	Houston, TX 77024
corporate funds	Houston, 17 77024
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/16/2024	KMWC 1490 Radio
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$2,040.00	903 E Cortinas St
Expenditure from	
corporate funds	Del Rio, TX 78840
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Advertising: In-kind contribution to Eddie
	Morales
Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
09/27/2024	Keresa Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1179
Expenditure from corporate funds	McKinney, TX 75070
	To a second seco
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee Campaign Contribution
	Sampaigh Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/20 Rpt: 32/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
10/08/2024	Lacey Hull for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
` '	PO Box 19231
\$1,000.00	PO BOX 19231
Expenditure from	
corporate funds	Houston, TX 77224
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/25/2024	Lacey Hull for Texas
	,
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	PO Box 19231
- Cynanditura fram	
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/27/2024	Mark Dorazio Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 461341
Expenditure from corporate funds	San Antonio, TX 78246
·	I a .
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Sampagn Sommadon
Complete ONLY if alian -4	Candidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	
1 Total pages Schedule F1: Sch: 15/20 Rpt: 33/38	2 FILER NAME Charter Schools Now PAC 3 Filer ID (Ethics Commission Filers) 00080619
4 Date	5 Payee name
09/27/2024	Mitch Little Campaign
09/2//2024	Whiteh Little Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1505 Elm St., Ste. 1601
Expenditure from corporate funds	Dallas, TX 75201
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPERIORATE TO DETICITE C/OI	
Date	Payee name
09/27/2024	Regions Commercial Bankcard
Amount (\$)	Payee address; City; State; Zip Code
` '	PO Box 2224
\$212.71	PO BOX 2224
Expenditure from	
corporate funds	Birmingham, AL 35246-3042
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment Of Credit Card Bill For Credit Card
	Expenditures
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-i
Data	
Date	Payee name
10/04/2024	RightSide Compliance LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,190.00	PO Box 341027
Expenditure from corporate funds	Austin, TX 78734
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel systems of Taxas, Complete Schedule T
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
	Somplication Constituting
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/20 Rpt: 34/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
09/27/2024	Sayda Mitchell-Morales Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	10434 Green Lake Dr.
Expenditure from corporate funds	San Antonio, TX 78223
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Solomon Ortiz Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 286
Ψ±,000.00	1 .O. Box 255
Expenditure from corporate funds	Corpus Christi, TX 78403
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
E/11 E1191. C.1.	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit 5/5/	<u></u>
Date	Payee name
10/17/2024	Thomas Graphics, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3,530.49	PO Box 142226
	0 BOX 1 EEE3
Expenditure from corporate funds	Austin, TX 78714-2226
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EVACIANITOUT	Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In- kind contribution to Caroline Harris Davila
	KING CONTRIBUTION TO CAROLINE HATTIS DAVIIA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmana C. 1. T.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 17/20 Rpt: 35/38	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Charter Schools Now PAC 00080619
4 Date	5 Payee name
10/17/2024	
10/11/2024	Thomas Graphics, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,884.99	PO Box 142226
Expenditure from corporate funds	Austin, TX 78714-2226
8 PURPOSE	
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In-
	kind contribution to John Lujan
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/17/2024	Thomas Graphics, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2,062.72	PO Box 142226
Expenditure from corporate funds	Austin, TX 78714-2226
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In-
	kind contribution to Lacey Hull
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
·	
Date	Payee name
10/17/2024	Thomas Graphics, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2,583.81	PO Box 142226
Expenditure from corporate funds	Austin, TX 78714-2226
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyas, Complete Schedule T
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In-
	kind contribution to Marc Lahood
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 18/20 Rpt: 36/38	Charter Schools Now PAC 00080619
4 Date	5 Payee name
10/24/2024	Thomas Graphics, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,530.49	PO Box 142226
Expenditure from corporate funds	Austin, TX 78714-2226
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In- kind contribution to Caroline Harris Davila
	Kind Contribution to Caroline Hams Davila
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/24/2024	Thomas Graphics, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2,884.99	PO Box 142226
Expenditure from corporate funds	Austin, TX 78714-2226
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In- kind contribution to John Lujan
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/24/2024	Thomas Graphics, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2,062.72	PO Box 142226
Ψ2,002.72	1 0 50% 142220
Expenditure from corporate funds	Austin, TX 78714-2226
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In-
	kind contribution to Lacey Hull
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/20 Rpt: 37/38	Charter Schools Now PAC Charter Schools Now PAC 00080619
4 Date	5 Payee name
10/24/2024	Thomas Graphics, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,583.81	PO Box 142226
Expenditure from corporate funds	Austin, TX 78714-2226
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Direct Mail Design, Printing, Mailing & Postage: In-
	kind contribution to Marc Lahood
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2024	Universal Media Connection LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2635 Arrow Point Blvd.
Evponditure from	
Expenditure from corporate funds	Eagle Pass, TX 78852
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Political Advertising: In-kind for Eddie Morales
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
-	
Date	Payee name
10/09/2024	Verraton Media LLC
Amount (\$)	Payee address; City; State; Zip Code
\$6,909.94	1801 Red Bud Ln Ste B #237
ψ0,303.34	1001 Not but En old b #201
Expenditure from corporate funds	Round Rock, TX 78664
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Digital Media Buy: In-kind contribution to Caroline
	Harris Davila
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 20/20 Rpt: 38/38	Charter Schools Now PAC	00080619
4 Date	5 Payee name	
10/09/2024	Verraton Media LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4,762.28	1801 Red Bud Ln Ste B #237	
Expenditure from		
corporate funds	Round Rock, TX 78664	
8 PURPOSE OF	, ,	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Media Buy: In-kind contribution to John Lujan
		3
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		
Date	Payee name	
10/09/2024	Verraton Media LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,079.58	1801 Red Bud Ln Ste B #237	
Expenditure from corporate funds	Round Rock, TX 78664	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Media Buy: In-kind contribution to Lacey Hull
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		
Date	Payee name	
10/09/2024	Verraton Media LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,365.76	1801 Red Bud Ln Ste B #237	
- Funanditura from		
Expenditure from corporate funds	Round Rock, TX 78664	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital Media Buy: In-kind contribution to Marc
		Lahood
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		