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) 00086185 3 COMMITTEE NAME **OFFICE USE ONLY** Access Education Date Received **ELECTRONICALLY FILED** 01/04/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5900 BALCONES DR Date Hand-delivered or Date Postmarked **STE 100** Change of Address Austin, TX 78731 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Rebecca NAME NICKNAME LAST **SUFFIX** Molis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8629 Sea Ash Circle STREET **ADDRESS** (Residence or Business) Round Rock, TX 78681 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8629 Sea Ash Circle MAILING **ADDRESS** Round Rock, TX 78681 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 636-1287 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** 10/27/2024 12/31/2024 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 Fi | ler ID (Ethics Commission Filers) |
|---|-----------------------------------|
| Access Education 00 | 0086185 |
| 14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Mike Siegel Austin City Council Dis | strict 7 |
| (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 | |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,819.00 |
| EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS | \$ 0.00 |
| 4. TOTAL POLITICAL EXPENDITURES | \$ 1,134.81 |
| CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 7,170.57 |
| OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 16 AFFIDAVIT | |
| I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code. | |
| Rebecca Mo | olis |
| Signature of Campaig | n Treasurer |
| AFFIX NOTARY STAMP / SEAL ABOVE | |
| Sworn to and subscribed before me, by the said, this the | e day |
| of, 20, to certify which, witness my hand and seal of office. | |
| Signature of officer administering oath Printed name of officer administering oath Ti | tle of officer administering oath |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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| | | | | | | rage 3 01 23 |
|----|---|---|--------------|------------------------------|-------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Access Education | | | | 00086185 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Melissa Ross Round Rock ISD | Place 2 | |
| | (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.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Dr. Mingyuan Wei Round Rock | ISD Place 7 | |
| | (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.) | | | | |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| | (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.) | | Estevan Zarate Round Rock IS | SD Place 1 | |
| | | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 23

| | | | | | | Fage 4 01 23 |
|----|---|---|--------------|-----------------------------------|----------------|----------------------------|
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Access Education | | | | 00086185 | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| | (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 | Ballot ID:Prop A Election Date:20 | 024-11-05 Desc | :RRISD Prop A |
| | | | 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 | | | |
| | (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.) | | Ballot ID:Prop B Election Date:20 |)24-11-05 Desc | :RRISD Prop B |
| | | | 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 | | | |
| | (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 | Ballot ID:Prop C Election Date:20 | 024-11-05 Desc | :RRISD Prop C |
| | | | B. Opposed | | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | | | | | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 5 of 23

| 12 | COMMITTEE NAME | | | | 13 Filer ID (Ethics Commission Filers) |
|----|---|---|--------------|-----------------------------------|--|
| | Access Education | | | | 00086185 |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| | (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 | Ballot ID:Prop D Election Date:20 | 024-11-05 Desc:RRISD Prop D |
| | | | B. Opposed | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Krista Laine Austin City Council | District 6 |
| | (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 | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | James Steele Round Rock ISD | Place 7 |
| | | 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.) | | | |

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

| | PURPOSE | | | | | ADDENDUM |
|----|---|--|--------------|-----------------------------|-------------|----------------------------|
| | | | | | | Page 6 of 23 |
| 12 | COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| | Access Education | | | | 00086185 | |
| 14 | COMMITTEE | 1. Candidates | A. Supported | | l | |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | Joshua Escalante Round Rock | ISD Place 1 | |
| | | 2. Measures | A. Supported | | | |
| | | (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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SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | | _ | 7 of 23 | |
|--------------|--------|--|-----------------------------|--------------------|------------|--|
| l | | EE NAME ducation | 18 Filer ID 00086185 | (Ethics Commission | on Filers) | |
| 19 SC | HEDULI | SUBTOTALS | | SUBTOTAL AMOUNT | | |
| NA | ME OF | SCHEDULE | | SUBTUTAL | AMOUNT | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 2,819.00 | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | |
| 3. | | \$ | | | | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | |
| 9. | | SCHEDULE E: LOANS | | \$ | | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 1,134.81 | |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | |
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| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDULE | ■ A1 |
|---|--|---|-------------------------|-----|--|-----------|--|-------------|
| | The Instruc | ction Guide explains how | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 1/9 Rpt: 8/23 | |
| 2 | FILER NAME Access Educ | cation | | | | 3 | Filer ID (Ethics Commission 00086185 | Filers) |
| 4 | Date 11/08/2024 | 5 Full name of contributor Berek, Kathy6 Contributor address; City; St | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | 5 | Round Rock, TX 78665 | , I | _ | - I (0 I i ii | <u></u> | | |
| 8 | Executive (E | pation / Job title (See Instructions ngineer) | 5) | 9 | Employer (See Instructions KCI Technologies Inc. | 5) | | |
| | Date 12/08/2024 | Full name of contributor Berek, Kathy Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$10.00 |
| | Dringing con | Round Rock, TX 78665 | I | | Employer (See Instructions | <u>''</u> | | |
| | Executive (E | pation / Job title (See Instructions ngineer) | 5) | | KCI Technologies Inc. | o) | | |
| | Date 11/15/2024 | Full name of contributor Blackard, Patrick M Contributor address; City; S | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$10.00 |
| | | Round Rock, TX 78681 | , | | | Ĺ | | |
| | Videographe | pation / Job title (See Instructions er | s) | | Employer (See Instructions Self | S) | | |
| | Date Full name of contributor out-of-sta | | | | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Videographe | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | 5) | | |
| | Date 11/17/2024 | Full name of contributor Cord, Erin Contributor address; City; S Austin, TX 78750 | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$5.00 |
| | • | pation / Job title (See Instructions | s) | | Employer (See Instructions | 5) | | |
| | Environment | al educator a | | | Travis Audubon | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | INS | | SCHEDULE | A1 |
|-----------------|---------------------------------|---|--|---|----------------|--|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/9 Rpt: 9/23 | |
| 2 | FILER NAME Access Educ | cation | | | 3 | Filer ID (Ethics Commission 00086185 | Filers) |
| 4 | Date 12/17/2024 | 5 Full name of contributorCord, Erin6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$5.00 |
| 8 | | Austin, TX 78750 pation / Job title (See Instructions al educator a |) | Employer (See Instructions Travis Audubon | 5) | | |
| | Date 11/13/2024 | Full name of contributor Cristobal, Katherine Contributor address; City; St Austin, TX 78726 | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu librarian | pation / Job title (See Instructions |) | Employer (See Instructions university | <u>I</u> S) | | |
| | Date 12/13/2024 | Full name of contributor Cristobal, Katherine Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Austin, TX 78726 pation / Job title (See Instructions | <u>, </u> | Employer (See Instructions | <u> </u> | | |
| | librarian | panon / cob and (coo mondono) | , | university | <i>-</i> , | | |
| Date 11/11/2024 | | Full name of contributor Daigle, Scott Contributor address; City; St Austin, TX 78726 | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Public Policy | pation / Job title (See Instructions |) | Employer (See Instructions Texas Council for Deve | | mental Disabilities | |
| | Date 12/11/2024 | Full name of contributor Daigle, Scott Contributor address; City; St Austin, TX 78726 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Public Policy | pation / Job title (See Instructions Director |) | Employer (See Instructions Texas Council for Deve | | mental Disabilities | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRI | BUTION | IS | | SCHEDULI | ■ A1 |
|---|---|---|--------------|-------------------------------------|----------------|---|-------------|
| | The Instru | ction Guide explains how to comple | ete this for | n. | 1 | Total pages Schedule A1: Sch: 3/9 Rpt: 10/23 | |
| 2 | FILER NAME Access Educ | eation | | | 3 | Filer ID (Ethics Commission 00086185 | ı Filers) |
| 4 | Date 11/15/2024 | Full name of contributor out-of-state out-of-state Darrouzet, Jennifer Contributor address; City; State; Zip Code | PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | Deireciant | Austin, TX 78759 | la la | Faralas (October Maria | | | |
| 8 | Software | pation / Job title (See Instructions) | 9 | Employer (See Instructions uStudio | 5) | | |
| | Date 12/15/2024 | Darrouzet, Jennifer | PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Austin, TX 78759 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Software | pation / 300 title (See instructions) | | uStudio | " | | |
| | Date 11/18/2024 | Full name of contributor out-of-state Dasgupta, Anshu Contributor address; City; State; Zip Code | PAC (ID#: |) | • | Amount of Contribution (\$) | \$50.00 |
| | | Austin, TX 78759 | | | | | |
| | Principal occu Engineer | pation / Job title (See Instructions) | | Employer (See Instructions Qualcomm | 5) | | |
| | Date Full name of contributor out-of-sta 12/18/2024 Dasgupta, Anshu Contributor address; City; State; Zip Cod | | PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Engineer | Austin, TX 78759 pation / Job title (See Instructions) | | Employer (See Instructions Qualcomm | <u>I</u> 5) | | |
| | Date 11/10/2024 | Full name of contributor out-of-state Ferris, S Contributor address; City; State; Zip Code Round Rock, TX 78681 | PAC (ID#: | | | Amount of Contribution (\$) | \$7.00 |
| | Principal occu Educational | pation / Job title (See Instructions) Publishina | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTIO | N | S | | SCHEDULE | ■ A1 |
|---|----------------------------|---|--|----|--|---------------------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rn | 1. | 1 | Total pages Schedule A1: Sch: 4/9 Rpt: 11/23 | |
| 2 | FILER NAME Access Educ | cation | | | | 3 | Filer ID (Ethics Commission 00086185 | Filers) |
| 4 | Date 12/10/2024 | 5 Full name of contributorFerris, S6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | |) | 7 | Amount of Contribution (\$) | \$7.00 |
| _ | Discipal | Round Rock, TX 78681 | 1. | | Faralassa (Oas la struction | $\overline{\Gamma}$ | | |
| 8 | Educational | pation / Job title (See Instructions) Publishing | Ì | | Employer (See Instructions HMH | 5) | | |
| | Date 11/18/2024 | Full name of contributor Gogate, Mayuresh Contributor address; City; Sta | | |) | | Amount of Contribution (\$) | \$25.00 |
| | | Round Rock, TX 78681 | | | | <u> </u> | | |
| | Engineer | pation / Job title (See Instructions) | | | Employer (See Instructions DELL EMC | 5) | | |
| | Date 12/18/2024 | Full name of contributor Gogate, Mayuresh Contributor address; City; Sta | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$25.00 |
| | | Round Rock, TX 78681 | | | | | | |
| | Principal occu Engineer | pation / Job title (See Instructions) | | | Employer (See Instructions DELL EMC | 5) | | |
| | Date 11/09/2024 | Full name of contributor Klekman, Jon Contributor address; City; Sta Austin, TX 78728 | out-of-state PAC (ID#: te; Zip Code | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Analyst | pation / Job title (See Instructions) | | | Employer (See Instructions Teacher Retirement Sys | | n | |
| | Date 12/09/2024 | Full name of contributor Klekman, Jon Contributor address; City; Sta | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$10.00 |
| | | pation / Job title (See Instructions) | | | Employer (See Instructions | | m | |
| | Analyst | | <u>l</u> | | Teacher Retirement Sys | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDULI | E A1 |
|---|---------------------------|---|-------------------------|---|-----------------------------|---|-------------|
| | The Instru | ction Guide explains hov | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 5/9 Rpt: 12/23 | |
| 2 | FILER NAME Access Educ | | | | 3 | Filer ID (Ethics Commission 00086185 | r Filers) |
| 4 | Date 11/17/2024 | 5 Full name of contributorLi, XIAOQIN6 Contributor address; City; S | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) | \$30.00 |
| 8 | Principal occu Teacher | Austin, TX 78759 pation / Job title (See Instructions | s) | Employer (See Instructions ut | <u> </u> s) | | |
| | Date 12/17/2024 | Full name of contributor Li, XIAOQIN Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu Teacher | Austin, TX 78759 pation / Job title (See Instructions | ;) | Employer (See Instructions ut | <u> </u> s) | | |
| | Date 12/09/2024 | Full name of contributor Manning, Dr. Sam Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Round Rock, TX 78664 pation / Job title (See Instructions | 3) | Employer (See Instructions | <u>s)</u> | | |
| | Not Employe | · | <i>''</i> | Not Employed | 3) | | |
| | Date 11/12/2024 | Full name of contributor McDaniel, Angie Contributor address; City; S | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Teacher | Round Rock, TX 78664 pation / Job title (See Instructions | s) | Employer (See Instructions Round Rock ISD | <u> </u> s) | | |
| | Date 12/12/2024 | Date Full name of contributor out-of-state PAC (ID#:) | | • | Amount of Contribution (\$) | \$10.00 | |
| | Principal occu Teacher | pation / Job title (See Instructions | s) | Employer (See Instructions Round Rock ISD | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | Ν | IS | | SCHEDULE | ■ A1 |
|---|------------------------|--|---------------------------------|---------------------------------|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 6/9 Rpt: 13/23 | |
| 2 | FILER NAME Access Educ | eation | | | 3 | Filer ID (Ethics Commission 00086185 | Filers) |
| 4 | Date 11/22/2024 | Full name of contributor out-of-state PAC (ID#:_McNulty, Jeaneane Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | Austin, TX 78728 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> s) | | |
| | Not employe | | | Not employed | , | | |
| | Date 12/22/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occur | Austin, TX 78728 pation / Job title (See Instructions) | 1 | Employer (See Instructions | ;) | | |
| | Not employe | | | Not employed | " | | |
| | Date 11/05/2024 | Full name of contributor out-of-state PAC (ID#:_ Molis, Rebecca Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | | ROUND ROCK, TX 78681-3434 | | | | | |
| | Principal occup | pation / Job title (See Instructions) nager | Employer (See Instructions Dell | | | | |
| | Date 12/05/2024 | Full name of contributor out-of-state PAC (ID#:_Molis, Rebecca Contributor address; City; State; Zip Code ROUND ROCK, TX 78681-3434 | |) | - | Amount of Contribution (\$) | \$50.00 |
| | Principal occup | pation / Job title (See Instructions) nager | | Employer (See Instructions Dell | 5) | | |
| | Date 11/26/2024 | Full name of contributor out-of-state PAC (ID#:_Olphie, Sandra B Contributor address; City; State; Zip Code Austin, TX 78728 | | | • | Amount of Contribution (\$) | \$5.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | retired teach | ei | | none | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A1 | | |
|---|--|---|----|--|---|---|--------------------------------------|---------|--|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 7/9 Rpt: 14/23 | | | |
| 2 | FILER NAME Access Educ | cation | | | | 3 | Filer ID (Ethics Commission 00086185 | Filers) | |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) Olphie, Sandra B 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$5.00 | | | | |
| 8 | Dringing agg | Austin, TX 78728 pation / Job title (See Instructions | s) | _ | Employer (See Instructions | <u>,,</u> | | | |
| 0 | retired teach | | 5) | 9 | Employer (See Instructions none | ·) | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | • | Amount of Contribution (\$) | \$50.00 | | | |
| | Principal occu | Austin, TX 78729 pation / Job title (See Instructions | 5) | | Employer (See Instructions | ;) | | | |
| | Not Employe | | •) | | Not Employed | ,, | | | |
| Date Full name of contributor out-of-state PAC (II 11/24/2024 Piner, Elizabeth Contributor address; City; State; Zip Code | | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$35.00 | | |
| | | Austin, TX 78729 | | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | 5) | | Employer (See Instructions Not Employed | 5) | | | |
| Date 12/10/2024 Piner, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78729 | |) | • | Amount of Contribution (\$) | \$50.00 | | | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions Not Employed | 5) | | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/24/2024 Piner, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78729 | | • | Amount of Contribution (\$) | \$35.00 | | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed | | | Employer (See Instructions Not Employed | 5) | | | | |
| | | | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|--|---|---|---|-----------------------------|-----------------------------------|---|--------------------------------------|-----------|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 8/9 Rpt: 15/23 | | |
| 2 | FILER NAME Access Educ | cation | | | | 3 | Filer ID (Ethics Commission 00086185 | ı Filers) |
| 4 | Date 11/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Vencill, Tony 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 | | | |
| 8 | Principal occu | Round Rock, TX 78665 pation / Job title (See Instructions | 5) | 9 | Employer (See Instructions | <u>s)</u> | | |
| Ŭ | Security Eng | | •) | | Oracle | ,, | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$10.00 | | |
| | D: : 1 | Round Rock, TX 78665 | | _ | 5 1 (2 1 1 1 | <u></u> | | |
| | Security Eng | pation / Job title (See Instructions jineer | 5) | | Employer (See Instructions Oracle | 5) | | |
| Date Full name of contributor out-of-state PAC (II 11/01/2024 Waelchli, Melissa Contributor address; City; State; Zip Code | | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$10.00 | |
| | | Austin, TX 78729 | | | | | | |
| | Principal occu Teacher | pation / Job title (See Instructions | s) | | Employer (See Instructions AACNS | 5) | | |
| | 12/01/2024 Waelchli, Melissa | | | | | • | Amount of Contribution (\$) | \$10.00 |
| Principal occupation / Job title (See Instructions) Teacher | | | Employer (See Instructions AACNS | 5) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 12/10/2024 Wohn, Caleb Contributor address; City; State; Zip Code Austin, TX 78717 | | • | Amount of Contribution (\$) | \$25.00 | | | |
| | | | Employer (See Instructions Not Employed | 5) | | | | |
| | | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|----------------------------------|--|---|---------------------------------|-----------------------------|---|------------|--|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 9/9 Rpt: 16/23 | | |
| 2 | FILER NAME Access Educ | | | 3 | Filer ID (Ethics Commissi 00086185 | on Filers) | |
| 4 | Date 11/22/2024 5 Full name of contributor out-of-state PAC (ID#:) | | 7 | Amount of Contribution (\$) | \$2,000.00 | | |
| 8 | Principal occu | Round Rock, TX 78681 upation / Job title (See Instructions) | 9 Employer (See Instructions | | | | |
| ° | SPAC | pation / Job title (See Instructions) | Dr. Wei for RRISD | ·) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 11/02/2024 compton, dorothy a Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$25.00 | | |
| | Dringing Logg | takoma park, MD 20913 | Employer (See Instructions | <u></u> | | | |
| | artist | ıpation / Job title (See Instructions) | Employer (See Instructions self | 5) | | | |
| | Date 12/02/2024 | Full name of contributor out-of-state PAC (ID#: compton, dorothy a Contributor address; City; State; Zip Code takoma park, MD 20913 |) | | Amount of Contribution (\$) | \$25.00 | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | | |
| | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 1/7 Rpt: 17/23 | Access Education 00086185 | |
| 4 Date | 5 Payee name | |
| 10/27/2024 | ActBlue | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$42.32 | P.O. Box 441146 | |
| | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense | |
| | Payment processing platform fee | |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | |
| experialitate to benefit 6/61 | ' | |
| Date | Payee name | |
| 11/03/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$1.39 | P.O. Box 441146 | |
| 41.00 | 1.0.200.1121.0 | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF | Fees Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Payment processing platform fee | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OF | - | |
| Data | Device serve | |
| Date | Payee name | |
| 11/10/2024 | ActBlue | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$5.04 | P.O. Box 441146 | |
| Expenditure from | | |
| corporate funds | Somerville, MA 02144-0031 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF | Fees Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Payment processing platform fee | |
| | | |
| 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 -

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

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
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: 2/7 Rpt: 18/23 | Access Education 00086185 |
| 4 Date | 5 Payee name |
| 11/17/2024 | ActBlue |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$3.78 | P.O. Box 441146 |
| | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| | (b) Description |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Payment processing platform fee |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 11/24/2024 | ActBlue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$84.16 | P.O. Box 441146 |
| | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Payment processing platform fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 12/01/2024 | ActBlue |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$0.60 | P.O. Box 441146 |
| Ψ0.00 | 1.0. DOX TTIITO |
| Expenditure from | |
| corporate funds | Somerville, MA 02144-0031 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Payment processing platform fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| SAPORAREIO TO BOHOR O/OI | • |
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| The Instruction Guide explains how to complete this form. | | | | | | |
|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: Sch: 3/7 Rpt: 19/23 | 2 FILER NAME Access Education | 3 Filer ID (Ethics Commission Filers) 00086185 | | | | |
| 4 Date 12/08/2024 | 5 Payee name ActBlue | | | | | |
| 6 Amount (\$) \$3.37 | 7 Payee address; City; State; Zip Co P.O. Box 441146 | ode | | | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | T | | | | |
| 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 Payment processing platform fee | | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sou | ught Office held | | | | |
| Date 12/15/2024 | Payee name ActBlue | | | | | |
| Amount (\$) \$6.44 | Payee address; City; State; Zip Co P.O. Box 441146 | ode | | | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | | | | | |
| 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 Payment processing platform fee | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ught Office held | | | | |
| Date 12/22/2024 | Payee name ActBlue | | | | | |
| Amount (\$) \$4.76 | Payee address; City; State; Zip Co | ode | | | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | | | | | |
| 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 Payment processing platform fee | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ught Office held | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 (enter a category not listed above)

| 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: 4/7 Rpt: 20/23 | Access Education 00086185 |
| 4 Date | 5 Payee name |
| 12/31/2024 | ActBlue |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$6.33 | P.O. Box 441146 |
| | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Payment processing platform fee |
| | T dyfficht processing platform fee |
| Complete CNII V if direct | Candidate/Officeholder name Office sought Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 11/01/2024 | Google |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$76.75 | 1600 Amphitheatre Pkwy. |
| | |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Google work suite |
| | Google work suite |
| Commission ONII V if dispose | Condidate/Officeholder name Office sought Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 12/01/2024 | Google |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$76.75 | 1600 Amphitheatre Pkwy. |
| | |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EAFEINDITURE | Check if Austin, TX, officeholder living expense |
| | Google work suite |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiorale to belieff C/OI | 1 |
| | |
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| | |

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

| 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: 5/7 Rpt: 21/23 | Access Education 00086185 |
| 4 Date | 5 Payee name |
| 11/08/2024 | Mailchimp |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$28.25 | 675 Ponce de Leon Ave NE |
| | Suite 5000 |
| Expenditure from | Atlanta, GA 30308 |
| corporate funds | Atlanta, GA 30306 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| | Check if Austin, TX, officeholder living expense |
| | Communication platform |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 12/08/2024 | Mailchimp |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | |
| \$28.25 | 675 Ponce de Leon Ave NE |
| Expenditure from | Suite 5000 |
| corporate funds | Atlanta, GA 30308 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Communication platform |
| | · |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 11/19/2024 | Shannon Probe |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | |
| \$278.43 | 609 E Liberty Ave |
| Expenditure from | |
| corporate funds | Round Rock, TX 78664 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Poll greeter support |
| | g |
| Complete CNU V if all | Condidate/Officeholder page Office page 1 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| onpondituro to borioni 0/01 | |
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SCHEDULE F1

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

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

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 | 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: 6/7 Rpt: 22/23 | Access Education 00086185 |
| 4 Date | 5 Payee name |
| 11/02/2024 | Slack |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$137.50 | 500 Howard St |
| | |
| Expenditure from corporate funds | San Francisco, CA 94105 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Communication platform |
| | Communication platform |
| Complete CNII V if direct | Candidate/Officeholder name Office cought Office hold |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 12/02/2024 | Slack |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$92.96 | 500 Howard St |
| | |
| Expenditure from corporate funds | San Francisco, CA 94105 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Communication platform |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitate to better civot | ' |
| Date | Payee name |
| 11/25/2024 | Virginia Gustin |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$187.37 | 1615 Alzan Cv |
| | |
| Expenditure from corporate funds | Round Rock, TX 78664 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense Create of the control of the contr |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Poll greeter support |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
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| | |

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

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/ | Vages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
| | The Instruction Guide explains how to co | · |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/7 Rpt: 23/23 | Access Education | 00086185 |
| 4 Date | 5 Payee name | |
| 11/24/2024 | Wordpress | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$35.18 | 60 29th St #343 | |
| 400.20 | 00 2001 01 10 | |
| Expenditure from corporate funds | San Francisco, CA 94110-4929 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Website charges |
| | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | oght Office held |
| Date | Payee name | |
| 11/24/2024 | Wordpress | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$35.18 | 60 29th St #343 | |
| Ψ00.10 | 00 2341 01 //040 | |
| Expenditure from corporate funds | San Francisco, CA 94110-4929 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Website charges |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ight Office held |
| experience to borionic eye | | |
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