#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 15 00088922 3 COMMITTEE NAME **OFFICE USE ONLY** Houstonians for Safe & Healthy Schools Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3262 Westheimer Road Date Hand-delivered or Date Postmarked #402 Change of Address Houston, TX 77098 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Veronica NAME NICKNAME LAST **SUFFIX** Garcia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3262 Westheimer Road STREET **ADDRESS** #402 (Residence or Business) Houston, TX 77098 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3262 Westheimer Road MAILING **ADDRESS** #402 Houston, TX 77098 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 849-9002 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Month Day COVERED **THROUGH** 12/31/2024 10/27/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special **GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	(Ethics Commission Filers)				
Houstonians for Safe &	Healthy Schools		00088922		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate		2("		
,,	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)		
X SUPPORT		DALL OT IDENTIFICATION / #	FLECTI	ONDATE	
(Candidate or Measure)		Prop A & B	Month	ON DATE Day	Year
OPPOSE (Candidate or Measure)	X Measure	Lioh V & B	11/05/2	•	rear
ASSIST		DESCRIPTION			
(Officeholder)		School bond measure			
15 CONTRIBUTION TOTALS		I TRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL CO	ONTRIBUTIONS			
	(OTHER THAN PLEDGE:	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$10,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		\$	\$0.00
	4. TOTAL POLITICAL EX	KPENDITURES		\$	\$279,816.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON- REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$51,834.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF IG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
		Veronic	ca Garcia		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	, t	his the		day
		n, witness my hand and seal of office.			
Signature of officer add	ministering oath Print	ted name of officer administering oath	Title of office	er administe	ring oath

### **SUBTOTALS - SPAC**

### FORM SPAC **COVER SHEET PG 3**

				3 of 15
17 COMMITTEE Houstonians	NAME s for Safe & Healthy Schools	<b>18</b> Filer ID 00088922	(Ethics Commis	ssion Filers)
19 SCHEDULE S NAME OF SC			SUBTOTA	AL AMOUNT
1. X S	\$	500.00		
2. S	\$			
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO DRGANIZATION	PR	\$	10,000.00
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ABOR ORGANIZATION	ATION OR	\$	
6. S	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
7. S	SCHEDULE E: LOANS		\$	
8. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	279,816.03
9. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11. S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	DΝ	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/15		
	FILER NAME Houstonians	for Safe & Healthy Schools	3	Filer ID (Ethics Commission Filers) 00088922		
	Date 10/29/2024  5 Full name of contributor out-of-state PAC (ID#:) Sparks, Randy  6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$500.00
8	Principal occup	Katy, TX 77494 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)	
	Owner	· · · · · · · · · · · · · · · · · · ·		Brooks & Sparks, Inc.		

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

#### SCHEDULE C1

	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 5/15
2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Houstonians	for Safe & Healthy Schools		00088922
4	Date	5 Corporation / Labor Organization name	7	Amount of contribution (\$)
	10/30/2024	Cleary Zimmermann Engineers, LLC		\$1,000.00
		6 Corporation / Labor Organization address; City; State; Zip Code		
L		San Antonio, TX 78204		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	11/04/2024	Jamail & Smith Construction		\$2,500.00
		Corporation / Labor Organization address; City; State; Zip Code		
		Webster, TX 77598		
F	Date	Corporation / Labor Organization name	<u> </u>	Amount of contribution (\$)
	10/28/2024	KCI Technologies, Inc.		\$2,500.00
l		Corporation / Labor Organization address; City; State; Zip Code		, ,
		Sparks Glencoe, MD 21152		
F	Date	·	<u>                                     </u>	Amount of contribution (\$)
l	11/04/2024	Corporation / Labor Organization name Stantec Consulting Services Inc. SCSI-Northeast		Amount of contribution (\$) \$1,500.00
l	11/04/2024		l	\$1,500.00
l		Corporation / Labor Organization address; City; State; Zip Code		
		Houston, TX 77002		
F	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	10/27/2024	The Friedkin Group		\$2,500.00
		Corporation / Labor Organization address; City; State; Zip Code		
		Houston, TX 77077		
H				

#### 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

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

	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: 1/10 Rpt: 6/15	Houstonians for Safe & Healthy Schools 00088922
4	Date	5 Payee name
	12/23/2024	Amegy Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.00	PO Box 26547
		Salt Lake, UT 84126
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Service fee
		Scrivice rec
Ļ	Commission ONII V if disposi	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	12/31/2024	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 26547
		Salt Lake, UT 84126
	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  Statement fee
		Statement ree
┡	Operation ONE Wife disease	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	11/29/2024	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 26547
		Salt Lake, UT 84126
1	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Statement fee
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	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to benefit C/OI	•

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	<u> </u>							
	Sch: 2/10 Rpt: 7/15	Houstonians for Safe & Healthy Schools 00088922							
4	Date	5 Payee name							
	11/21/2024	Amegy Bank of Texas							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$349.00	PO Box 26547							
		Salt Lake, UT 84126							
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.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Service fee							
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/31/2024	Amegy Bank of Texas							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2.00	PO Box 26547							
		Salt Lake, UT 84126							
	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.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Statement fee							
	Operation ONLY if allowed	Outside to Office health and a second to the							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/29/2024	Anedot							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$20.30	1340 Poydras Street Suite 1770							
		New Orleans, LA 70112							
	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.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Transaction fee							
	Complete ONU V if allow	Condidate/Officeholder name							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter a	a category not listed	above)
L		_		The Instruction G	uide explains i	iow to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 3/10 Rpt: 8/15		Houstoniar	is for Safe & He	althy School	S				00088922		
4	Date	5	Payee name	:								
	10/28/2024		BlueWest N									
Ļ		-			Ctata	7in Co	ما م					
ľ	Amount (\$)	<b> </b> ′	Payee addre		State,	Zip Co	ue					
	\$100,000.00		5130 East	18th Avenue								
l			Denver, CO	80220								
8	PURPOSE	(a)	Category (c	ee Categories listed at	the ten of this caba	adula)	(b)	Description				
ľ	OF	``	Advertising		ine top of this scrie	edule)	()	_ `	outsi	ide of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	Ехрепас						, officeholder livin		
								CTV/TV ad b	uys	6		
9	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	aht			Office h	eld	
ľ	expenditure to benefit C/O			.concide. name	J		9			000	0.0	
⊨		_										
	Date		Payee name									
	10/28/2024		BlueWest N	Лedia								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$30,000.00		5130 East	18th Avenue								
			Denver, CO	30220								
L	DUDD 0.05	_				1	<i>a</i> >					
	PURPOSE OF	(a)		ee Categories listed at t	the top of this sche	edule)	(a)	Description	o. ito	ide of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Advertising	Expense				<b>=</b>			nplete Schedule T.	
								CTV/TV ad b	if Austin, TX, officeholder living expense			
								o.v,.vaa s	ujc			
┝	Complete ONLY if direct	<u> </u>	Candidata/Off	iaahaldar nama		office cou	abt			Office b	ald	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/On	iceholder name	U	office sou	gnı			Office h	eiu	
L												
	Date		Payee name	:								
	11/06/2024		Campaign	Strategies, Inc.								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$15,000.00		PO Box 33		,	•						
	+20,000.00		. 0 20% 00									
				V 77050								
			Houston, T	X 77253								
	PURPOSE	(a)	Category (S	see Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expense				브			nplete Schedule T.	
	ZA ZADITORZ									, officeholder livin	g expense	
								Consulting fe	e			
L						_						
	Complete ONLY if direct		Candidate/Off	iceholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/O	H										
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#### 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	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: 4/10 Rpt: 9/15	Houstonians for Safe & Healthy Schools 00088922
4	Date	5 Payee name
	10/29/2024	DSPolitical
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30,000.00	1133 15th St NW Ste 800
		Washington, DC 20005
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
		Digital targeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	10/30/2024	InFocus Campaigns, LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$13,497.73	4 NE 10th St, #260
		Oklahoma City, OK 73104
	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
		MMS text messages
		ining to a messages
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/06/2024	JPBE Consulting
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,100.00	PO Box 14226
		Houston, TX 77221
Г	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
		Sign placement and retrieval
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
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### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 5/10 Rpt: 10/15	l	s for Safe & Health	y Schools				00088922		
4	Date	5 Payee name								
	11/01/2024	JPBE Cons	ulting							
6	Amount (\$) \$500.00	7 Payee addre PO Box 14: Houston, T	226	State; Zip Co	ode					
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising		, ,		Check if Austin,	, TX,	de of Texas. Composition		
						Sign placeme	ent			
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	10/31/2024	JPBE Cons	ulting							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$15,000.00	PO Box 14	226							
		Houston, T	X 77221							
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense					de of Texas. Comp officeholder living		
						October-Nove				
									9	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	10/28/2024	JPBE Cons	ulting							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$5,000.00	PO Box 14	226							
		Houston, T	X 77221							
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense					de of Texas. Comp officeholder living		
						September-O				
						•			-	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld	
	CAPETIGITUTE TO DETICITE C/OF	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 6/10 Rpt: 11/15	Houstonians for Safe & Healthy Schools 00088922	
4	Date	5 Payee name	
	10/28/2024	JPBE Consulting	
6	Amount (\$) \$2,572.00	7 Payee address; City; State; Zip Code PO Box 14226  Houston, TX 77221	
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  Sign placement	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/28/2024	Jennifer Naedler Consulting	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16,026.21	12122 Cypress Creek Lakes Dr	
		Cypress, TX 77433	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the unique statistic of Taylor Campleto Schedule T	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Security, valet, and commission	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/28/2024	MJE Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,239.05	35202 Gawain Court	
		Fremont, CA 94536	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Collateral printing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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: 7/10 Rpt: 12/15	Houstonians for Safe & Healthy Schools 00088922
4	Date	5 Payee name
	10/31/2024	Mammoth Marketing Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	4500 Bissonnet St
		Suite 370
		Bellaire, TX 77401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		October consulting fee
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payee name
	11/04/2024	Patino Strategies LLC
	Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2909 Baldwin St
	\$10,000.00	2909 Baldwill St
		Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		September-October Consulting fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	10/28/2024	Putnam Partners
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,136.99	1301 K St, NW Suite 300W
		Washington, DC 20005
	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
		Video production
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/01	·

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T. 1 01 11 F4	<u> </u>	_
1	Total pages Schedule F1:		
	Sch: 8/10 Rpt: 13/15	Houstonians for Safe & Healthy Schools 00088922	
4	Date	5 Payee name	
	10/28/2024	Putnam Partners	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,248.79	1301 K St, NW Suite 300W	
	, ,		
		Washington DC 20005	
		Washington, DC 20005	_
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  Video production	
		Video production	
_			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit eye.	··	
	Date	Payee name	
	10/28/2024	Sprint2Print	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,105.46	8748 Clay Rd Suite 300	
	, ,		
		Houston TV 77000	
		Houston, TX 77080	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Collateral printing	
		Conditional printing	
_	Commission ONII V if direct	Condidate/Office helder mores Office accords	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	· 		
	Date	Payee name	
	12/03/2024	Star Financial Management	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	5109 82nd St Suite 7 #1111	
		Lubbock, TX 79424	
_	DUDDOC-		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Bookkeeping	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 9/10 Rpt: 14/15	Houstonians for Safe & Healthy Schools 00088922						
4	Date	5 Payee name						
	11/06/2024	Trevino, Dawn						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,890.00	21525 Spring Plaza Dr. Apt 1305						
		Spring, TX 77388						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Consulting fee						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	12/03/2024	Vantage Legal						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12,851.00	PO Box 341016						
		Austin, TX 74734						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Legal Services Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Legal services						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
-	Date	Payee name						
	12/03/2024	Vantage Legal						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$7,136.00	PO Box 341016						
	Ψ1,130.00	10 000 341010						
		Austin, TX 74734						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Legal Services  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Legal services						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of Di				
	Credit Card Payment			The Instruction Gui	de explains	how to comple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
l	Sch: 10/10 Rpt: 15/15		Houstoniar	ns for Safe & Heal	thy Schoo	ls			00088922			
4	Date	5	Payee name	<u> </u>								
	12/03/2024	ľ	Vantage Le									
Ļ		<u> </u>			Ctata	- Zin Codo						
ľ	Amount (\$)	<b> </b> ′	Payee addre		State;	Zip Code						
l	\$2,571.50		PO Box 34	1010								
l												
l		Austin, TX 74734										
8	PURPOSE	(a)	Category (S	See Categories listed at the	top of this sch	edule) (b)	Description					
l	OF	F Logal Sources							nplete Schedule T.			
	EXPENDITURE		· ·				_		, officeholder living	g expense		
							Legal service	es				
9	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sought			Office h	eld		
	expenditure to benefit C/OI	1										
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