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) 11 00081923 3 COMMITTEE NAME **OFFICE USE ONLY** Committee for Austin's Children Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 301074 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Doyle NAME NICKNAME LAST **SUFFIX** Valdez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7400 Mesa Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78731 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7400 Mesa Drive MAILING **ADDRESS** Austin, TX 78731 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 627-0633 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

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Con	nmission Filers)
Committee for Austin's	Children		00081923		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate				
report ii nedessaay.	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)		
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ION DATE	Vaar
OPPOSE (Candidate or Measure)		Prop A	Month 11/05/2	Day 2024	Year
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		AISD voter approved tax ratification elec	tion		
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ILESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS		1.	
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$5,796.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES		\$	\$160.18
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$34,239.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	\$71.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	OUNT OF ALL OUTSTANDING LOANS AS OF NG 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.			
			· Valdez		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	,1	his the		day
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer add	ministering oath Prin	ted name of officer administering oath	Title of office	er administe	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

3 of 11

Filer ID 00081923 ON OR GANIZATION	\$ 1,626.6 \$ 117.2 \$		
ON OR	\$ 1,626.6 \$ 117.2 \$ \$ 4,052.9		
	\$ 1,626.6 \$ 117.2 \$ \$ 4,052.9		
	\$ 117.2 \$ \$ 4,052.9		
	\$ \$ 4,052.9		
	\$ 4,052.9		
	\$		
GANIZATION			
CANIZATION	\$ 2,000.0		
7. SCHEDULE E: LOANS			
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
9. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			
	\$		
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
S	\$		
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			
	C/OH		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/11		
2	FILER NAME Committee f	or Austin's Children		3	Filer ID (Ethics Commission 00081923	on Filers)
4	Date 10/30/2024 5 Full name of contributor out-of-state PAC (ID#:) Delia Garza Campaign 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
		Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_FGM Architects Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Dein sin al a ser	AUSTIN, TX 78746	Fundame (Contraction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Focus Strategies Investment Banking Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$526.63
		Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Committee for Austin's Children 00081923 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 10/31/2024 Boswell, Lynn \$117.26 email software 7 Contributor address; City; State; Zip Code Austin, TX 78703 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule C1: Sch: 1/1 Rpt: 6/11		
2	P. FILER NAME Committee for Austin's Children			Filer ID (Ethics Commission Filers) 00081923		
			<u> </u>			
4	Date	Date 5 Corporation / Labor Organization name		7 Amount of contribution (\$)		
	11/08/2024	Frost Bank		\$1,000.00		
		6 Corporation / Labor Organization address; City; State; Zip Code				
		San Antonio, TX 78296				
	Date	Corporation / Labor Organization name	,	Amount of contribution (\$)		
10/29/2024 J.E. Dunn Construction Company			\$2,000.00			
		Corporation / Labor Organization address; City; State; Zip Code				
		Kansas City, MO 64106				
	Date	Corporation / Labor Organization name	,	Amount of contribution (\$)		
	10/28/2024	STR Constructors, LLC		\$1,052.95		
		Corporation / Labor Organization address; City; State; Zip Code				
		liberty hill, TX 78644				

		R ORGANIZATION	N OR	SCHEDULE D
	The Instruction Guide explains how to complete this form.			otal pages Schedule D: Sch: 1/1 Rpt: 7/11
2	2 FILER NAME Committee for Austin's Children			Filer ID (Ethics Commission Filers)
4	Date	5 Corporation / Labor Organization Name		Amount of 8 In-kind description (if
	12/20/2024			s2,000.00 applicable)
		St. Louis, MO 63114		Check if travel outside of Texas. Complete Schedule

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 compl	ete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 8/11	Committee for Austin's Children	00081923
4	Date 12/20/2024	5 Payee name JWH Communications	
_		7 Payee address; City; State; Zip Code	
0	Amount (\$) \$1,925.00	7701 Bettis Trophy Dr.	
	, ,,,	,	
		Austin, TX 78739	
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. Check if Austin, TX, officeholder living expense
			Communications consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to benefit 6/01	'	
	Date	Payee name	
	11/26/2024	Susan Harry Consulting	
	Amount (\$) \$3,125.00	Payee address; City; State; Zip Code P.O. Box 301074	
	Ψ3,123.00	1.0. Box 301074	
		Austin, TX 78703	
_	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.
Check if Austin, 1X, officenoider living expense			Fundraising & compliance consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	10/27/2024	Y Strategy	
	Amount (\$) \$7,403.80	Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H	
	Ψ1,400.00	offe Manor Na. Stc. 11	
		Austin, TX 78723	
	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 Text messages
			ŭ
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
OTHER (setter a content and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Al 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: 2/3 Rpt: 9/11	Committee for Austin's Children 00081923
4	Date	5 Payee name
	10/27/2024	Y Strategy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	3110 Manor Rd. Ste. H
		Austin, TX 78723
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
		Campaign consulting
		- Campaign concarning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
	Date	Payee name
	11/03/2024	Y Strategy
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	3110 Manor Rd. Ste. H
		Austin, TX 78723
	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
		Campaign consulting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/03/2024	Y Strategy
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5,986.98	3110 Manor Rd. Ste. H
		Austin, TX 78723
	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
		Text messages
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		
ı		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 co	ompl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 10/11	Committee for Austin's Children		00081923
4	Date	5 Payee name		<u> </u>
	11/04/2024	Y Strategy		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$3,450.00	3110 Manor Rd. Ste. H		
		Austin, TX 78723		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Salaries/Wages/Contract Labor	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Calance, trages, continue, Lase.		Check if Austin, TX, officeholder living expense
				Sign delivery
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	experiulture to beliefit C/O	1		
	Date	Payee name		
	11/05/2024	Y Strategy		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$3,489.02	3110 Manor Rd. Ste. H		
		Austin, TX 78723		
	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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Text messages
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ugnt	Office held
	•			

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 11/11 Committee for Austin's Children 00081923 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 11/06/2024 **JWH Communications** Amount (\$) Payee address; State; Zip Code \$825.00 7701 Bettis Trophy Dr. Austin, TX 78739 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communications consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/25/2024 Susan Harry Consulting Amount (\$) Payee address; City; State; Zip Code \$875.00 P.O. Box 301074 Austin, TX 78703 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising & compliance consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH