SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00083108						2 Total pages filed:5			
3 COMMITTEE NAME	E	•				OFFICE USE ONLY			
Enhance Enrich E	ducate Southside					Date Received			
		ELECTRONICALLY FILED 01/10/2025							
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE	E#; CIT	'Y; S	TATE; ZIP C	CODE				
ADDRESS	PO BOX 163					Date Hand-delivered or	Date Postmarked		
							Bato Poolinantoa		
Change of Address	Elmendorf, TX 78112					Receipt #	Amount		
						Date Processed			
						Date Imaged			
5 CAMPAIGN	MS / MRS / MR FIRST					MI			
TREASURER	Ms. Micki	L.							
NAME									
	NICKNAME LAST					SUFFIX			
	Ball								
	2011								
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PI	EASE).		APT / SUITE #;	CITY	; STA	TE; ZIP CODE		
TREASURER	23203 Hickory Shadow	,		AIT/ SOIL #,	CIT	, 314	TE, ZII CODE		
STREET									
ADDRESS									
(Residence or Business)	Elmendorf, TX 78112								
7 CAMPAIGN	STREET OR PO BOX;			APT / SUITE #;	CITY	; STA	TE; ZIP CODE		
TREASURER PO BOX 163 MAILING PO BOX 163 ADDRESS ADDRESS									
Change of Address	Elmendorf, TX 78112								
	AREA CODE PHONE NUM			1					
8 CAMPAIGN TREASURER			EXTENSION	I					
PHONE (210) 840-7508									
9 REPORT						-			
TYPE	X January 15	30tl	n day before e	lection		Exceeded modified	reporting limit		
	1	8th	day before ele	ection		Dissolution (Attach	PAC-DR)		
	July 15	Rur	off			10th day after camp	aign treasurer		
						termination	-		
10 PERIOD COVERED	Month Day Year			Mont	h Da	ay Year			
COVERED	07/01/2024	Tł	ROUGH		12/31/	/2024			
11 ELECTION	ELECTION DATE			ELECTION TYP	۲ ۲	T Other			
	Month Day Year 11/06/2018		nary	Runoff		Other			
	11/06/2018	Ger	neral	X Special					
	· •								
		GO T	TO PAGE	2					
Forms provided by Te	exas Ethics Commission	www.et	hics.state.t	x.us		Versio	n V4.1.0.5dd2ace2		

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Enhance Enrich Educat	e Southside		00083108				
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME					
(Attach lists on plain paper to complete this	Candidate						
report if necessary.)	report if necessary.) Officeholder OFFICE SOUGHT (candidate) / OFFICE HELD (officeholde						
X SUPPORT (Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE			
			Month	Day Year			
(Candidate or Measure)	X Measure		11/06/2	2018			
	X Measure	DESCRIPTION					
(Officeholder)		School Bond					
15 CONTRIBUTION		I TRIBUTIONS OF \$50 OR LESS (OTHER THAI	N PLEDGES,				
TOTALS	LOANS, OR GUARANTE ELECTRONICALLY), UN	ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED		\$ \$0.00			
	2. TOTAL POLITICAL C	ONTRIBUTIONS					
		S, LOANS, OR GUARANTEES OF LOANS)		\$ \$0.00			
	3. TOTAL UNITEMIZED PO						
TOTALS	TOTALS						
	4. TOTAL POLITICAL EXPENDITURES						
		TRIBUTIONS MAINTAINED AS OF THE LAST					
BALANCE	REPORTING PERIOD	DATOFTHE	\$ \$2,364.11				
		UNT OF ALL OUTSTANDING LOANS AS OF					
OUTSTANDING LOAN TOTALS	THE LAST	\$ \$0.00					
16 AFFIDAVIT							
		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.					
		Ms. Mi	cki L. Ball				
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Campaign Treasurer							
Sworn to and subscribed	his the	day					
01	$_{, 20}$, to certify which	n, witness my hand and seal of office.					
Signature of officer ad	ministering oath Print	ed name of officer administering oath	Title of office	er administering oath			
		www.ethice.etate.ty.ue					

SUBTOTALS - SPAC	C	FORM SPAC OVER SHEET PG 3 3 of 5
17 COMMITTEE NAME Enhance Enrich Educate Southside	18 Filer ID 00083108	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
7. SCHEDULE E: LOANS		\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 179.25
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$	
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gift/ Candidate/Officeholder/Political Committee Leg. Credit Card Payment Committee			-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1: 2 FILER NAME						-	3	Filer ID (Ethics Commission Filers)		
-	Sch: 1/2 Rpt: 4/5	-	Enhance Enrich Educate South	side				00083108		
4	Date 07/01/2024	5	Payee name Bank of America, N.A							
6	Amount (\$)	7	-	Ctoto	; Zip Coo					
0	\$29.95	ľ	Payee address; City; PO Box 25118	Sidle,	, Ζιρ Ουι	e				
	φ29.95		FO B0X 23110							
			Tampa, FL 33622-5118							
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sche	edule)	b) Description				
	EXPENDITURE		Accounting/Banking					ide of Texas. Complete Schedule T. , officeholder living expense		
						Monthly serv				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held		
	Date		Payee name							
	08/01/2024		Bank of America, N.A							
				Ctoto	Zin Cor					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	e				
	\$29.95		PO Box 25118							
			Tampa, FL 33622-5118							
			Category (See Categories listed at the top of this schedule) Counting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Monthly service charge			, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	09/03/2024		Bank of America, N.A							
	Amount (\$)		Payee address; City;	State:	; Zip Coo	e				
	\$29.95		PO Box 25118	,						
	+=0.00									
			Tampa, FL 33622-5118							
	PURPOSE OF		Category (See Categories listed at the top	of this sche	edule)	b) Description				
	EXPENDITURE		Accounting/Banking			Check if Austir	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Monthly Service Charge									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
-										

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/Politica Credit Card Payment	ommittee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1: 2 FILER NAME 3 File						Filer ID	(Ethics Commission Filers)	
	Sch: 2/2 Rpt: 5/5		Enrich Educate So	uthside				00083108	
4	Date	Payee nam	e						
	10/01/2024	Bank of A	merica, N.A						
6	Amount (\$) \$29.95	Payee add PO Box 2 Tampa, F		State;	; Zip Coc	e			
8	PURPOSE) Category	(Sac Catagorian listed at the	top of this coh	odulo)	b) Description			
Ū	OF	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Service Charge 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	C	Office soug	ht		Office he	eld
	Date	Payee nam	e						
	11/01/2024	Bank of A	merica, N.A						
	Amount (\$)	Payee add	ress; City;	State;	; Zip Coo	е			
	\$29.95	-	L 33622-5118						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Monthly Service Charge								
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						eld			
	Date	Payee nam	le						
	12/02/2024	Bank of A	merica, N.A						
	Amount (\$)	Payee add	ress; City;	State;	; Zip Coo	e			
	\$29.50	PO Box 2	5118						
		Tampa, F	L 33622-5118		i				
	PURPOSE OF EXPENDITURE) Category Accountin	(See Categories listed at the g/Banking	e top of this sche	edule)		I, TX,	de of Texas. Com officeholder living Charge	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	C	Office soug	ht		Office he	eld