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) 00088679 3 COMMITTEE NAME **OFFICE USE ONLY** Dr. Wei for RRISD Date Received **ELECTRONICALLY FILED** 01/12/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1003 Wren Ct Date Hand-delivered or Date Postmarked Change of Address Round Rock, TX 78681 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mingfei NAME NICKNAME LAST **SUFFIX** Alice Υi STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6200 Brodie Lane STREET **ADDRESS** (Residence or Business) Austin, TX 78745 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1003 Wren Court MAILING **ADDRESS** Round Rock, TX 78681 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 658-7687 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** 01/12/2025 10/27/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other 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			13 Filer ID	(Ethics Commi	ssion Filers)
Dr. Wei for RRISD			00088679		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Mingyuan Wei			
(Attach lists on plain paper to complete this	X Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELI	O (officeholder)		
	_	School Board			
X SUPPORT		BALLOT IDENTIFICATION / #	EL ECTI	ON DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month		Year
OPPOSE			Worter	Day	· cai
(Candidate or Measure)	☐ Manaura				
ASSIST	Measure	DESCRIPTION			
(Officeholder)					
45 CONTRIBUTION	4 TOTAL BOLITICAL CON	ITEMPLITICALS OF \$50 OD LEGS (OTLIED THANKS	DI EDOEO		
15 CONTRIBUTION TOTALS	LOANS, OR GUARANT	ITRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	\$	\$0.00
	ELECTRONICALLY), UI	NLESS ITEMIZED			40.00
	2. TOTAL POLITICAL CONTRIBUTIONS				
	(OTHER THAN PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS)		\$	\$53.00
	2 TOTAL LIMITEMIZED D	OLITICAL EVERNETHES			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	DLITICAL EXPENDITURES		\$	\$0.00
					,,,,,
	4. TOTAL POLITICAL E	EXPENDITURES			
				\$	\$1,716.28
CONTRIBUTION	5 TOTAL POLITICAL CON	STRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE		
BALANCE	REPORTING PERIOD	WINDO HONS WAINTAINED AS OF THE EAST	DAT OF THE	\$	\$1,663.28
OUTSTANDING	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST				
LOAN TOTALS	DAY OF THE REPORTI	NG PERIOD		\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of perju	ing that the acc	romnanvina rer	oort is true
		and correct and includes all information			
		Title 15, Election Code.			
		Ming	fei Yi		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car	npaign Treasur	er	
		, th	is the		_day
of	_, 20, to certify which	ch, witness my hand and seal of office.			
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of office	er administering	g oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3 3 of 10

	•	3 of 10	
18 Filer ID	(Ethics Commission F	ilers)	
00088679			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
	\$	53.00	
	\$	0.00	
	\$	0.00	
ABOR	\$		
ORATION OR	\$		
OR ORGANIZATION	\$		
	\$	0.00	
ONS	\$	1,716.28	
9. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0.00	
UTIONS	\$	0.00	
11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		0.00	
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
NS RETURNED	\$		
	O0088679 ABOR DRATION OR ONS JTIONS SS OF C/OH JTIONS	18 Filer ID 00088679 SUBTOTAL AMO \$ \$ ABOR \$ PRATION OR \$ PRATION OR \$ SOR ORGANIZATION \$ \$ SHORE SAME SAME SAME SAME SAME SAME SAME SAM	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/10	
2	2 FILER NAME Dr. Wei for RRISD			3	Filer ID (Ethics Commission 00088679	on Filers)
4			7	Amount of Contribution (\$)	\$25.00	
	Deinainal and	Austin, TX 78759	D. Frankriger (Co.s. In observations			
8	Not Employe	upation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Liu, Dan Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$3.00
		Austin, TX 78737				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions SWE Amazon	s)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Molis, Rebecca Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78681				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions not empolyed	5)		

PLEC	OGED CONTRIBU	TIONS			SCHEDULE B	
The Instruction Guide explains how to complete this form. 2 FILER NAME Dr. Wei for RRISD			1	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/10		
			3			
<u></u>	OF UNITEMIZED PLEDG	ES			\$ 0.0	
5 Date	6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code) 8	Amount of pledge (\$) In-kind description (If applicable)		
10 Dringing	and the Control of th	ations)	144 = 1 (2)][_	Check if travel outside of Texas. Complete Schedul	
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Inst	tructi	ions)	

LOANS		SCHEDULE E
The Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 6/10
2 FILER NAME Dr. Wei for RRISD		3 Filer ID (Ethics Commission Filers) 00088679
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution? 8 Lender address; City;	State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instr	uctions)
14 Description of Collateral None	15 Check if personal fu	nds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City;	State; Zip Code	
20 Principal occupation	21 Employer (See Instr	uctions)

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 Com 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

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: 1/3 Rpt: 7/10	Dr. Wei for RRISD 00088679
4 Date	5 Payee name
01/11/2025	Access Education RRISD
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$357.92	5900 Balcones Dr.
Expenditure from	Ste 100
corporate funds	Austin, TX 78731
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	event and polling coordination
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$1.00	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
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
	4% service fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2024	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.12	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
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
	4% service charge
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to co	/ages/Contract Labor mplete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 8/10	Dr. Wei for RRISD		00088679
4 Date	5 Payee name		
11/03/2024	ActBlue		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$1.00	366 Summer Street		
Expenditure from corporate funds	Somerville, MA 02144		
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.
LAFLINDITORL			n, TX, officeholder living expense
		4% service c	harge
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/31/2024	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$10.00	111 W. Houston St.		
Ψ10.00	Suite 100		
Expenditure from			
corporate funds	San Antonio, TX 78205		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	-	outside of Texas. Complete Schedule T.
EXI ENDITORE			n, TX, officeholder living expense
		bank service	tee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	1		
Date	Payee name		
12/18/2024	Honig, Robyn		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$50.00	6601 Danwood Dr	ue	
\$50.00	6601 Danwood Di		
Expenditure from corporate funds	Austin, TX 78759		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Consulting Expense		outside of Texas. Complete Schedule T.
EXPENDITURE		ш	n, TX, officeholder living expense
		campaign da	ıta analysis
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	H		

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

eimbursement Solicitation/Fundraising Expense
ntal 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: 3/3 Rpt: 9/10	Dr. Wei for RRISD 00088679
4 Date	5 Payee name
10/28/2024	Ki Connect, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	14900 Avery Ranch Blvd
	C200-109
Expenditure from corporate funds	Austin, TX 78717
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 campaign strategy, social media advertising
	campaign strategy, social media advertising
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/12/2024	Melissa for RRISD Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$796.24	PO BOX 200202
Expenditure from corporate funds	Austin, TX 78720
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
	printing campaign materials
	printing earnpaigh materials
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

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The Instruction Guide explains how to complete only if "Report Type" on page 1 is marked "Diss		
COMMITTEE NAME		2 Filer ID (Ethics Commission Filers)
Dr. Wei for RRISD		00088679
Affidavit of Dissolution		
I, the undersigned campaign treasurer, do not expe committee for this or any other campaign or election declare that all of the information required to be repreport as a dissolution report terminates the appoint committee may not make or authorize political expeappointment of campaign treasurer on file.	n for which reporting under the orted by me has been reporte tment of campaign treasurer.	e Election Code is required. I d. I understand that designating a I further understand that a political
		ingfei Yi Campaign Treasurer
	v	. •
	DO NOT SIGN UNLESS POLITIC	AL COMMITTEE IS TO BE DISSOLVED
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said		the day of ,
Signature of officer administering oath Printed nam	e of officer administering oath	Title of officer administering oath