#### 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) 00083018 3 COMMITTEE NAME **OFFICE USE ONLY** Team Alvin ISD Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 71 Date Hand-delivered or Date Postmarked Change of Address Alvin, TX 77512 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Annette NAME NICKNAME LAST **SUFFIX** Riley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 99 Fulton Drive West STREET **ADDRESS** (Residence or Business) Alvin, TX 77511 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 99 Fulton Drive West MAILING **ADDRESS** Alvin, TX 77511 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 201-6602 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 General χ Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

.2 COMMITTEE NAME Team Alvin ISD				13 Filer ID 000830	(Ethics Commission Filers)
				000030	710
4 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:null Election Date:20	24-11-05 D	Desc:Alvin ISD Proposition A
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTI IADE ELECTRO		\$	0.00
	2. TOTAL POLITICA	L CONTRIBU	•	\$	3,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL E	XPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDIT	URES	\$	6,097.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				9,761.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE F		LL OUTSTANDING LOANS AS OF ERIOD	THE \$	0.00
6 AFFIDAVIT				<u> </u>	
		t	swear, or affirm, under penalty of p rue and correct and includes all info under Title 15, Election Code.	erjury, that th rmation requ	ne accompanying report is ired to be reported by me
			•	# D'L	
		_		tte Riley	
AFFIX NOTARY	STAMP / SEAL ABOVE		Signature of Ca	ampaign rrea	asurer
				thio the	dou
			my hand and seal of office.	tnis tne	day
01	, 20, to certify v	wnich, withess r	ny nana ana sea oi onice.		
Signature of officer add	ministering oath	Printed name o	of officer administering oath	Title of o	officer administering oath

#### **SUBTOTALS - GPAC**

### FORM GPAC COVER SHEET PG 3 3 of 9

					3 of 9			
<b>17</b> CC	(Ethics Com	mission Filers)						
Те	Team Alvin ISD 00083018							
	HEDUL ME OF	SUBTO	TAL AMOUNT					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4.	Х	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	3,500.00			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$				
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$					
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	\$					
9.	Х	SCHEDULE E: LOANS		\$	0.00			
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	6,097.77			
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00			
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	335.79			

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	1	Total pages Scho			
2 FILER N Team A		3		thics Commission Filers)		
4 TOTAL	OF UNITEMIZED PLEDO	GES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	)	8	Amount of pledge (\$)	9 In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code			_	
			_	][		tside of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Instru	uctio	ons)	

## 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: 5/9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Team Alvin	SD	00083018
<b>4</b> Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
10/31/2024	Meridiana	\$500.00
	6 Corporation / Labor Organization address; City; State; Zip Code	
	Katy, TX 77493	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/05/2024	Stantec Architecture	\$3,000.00
	Corporation / Labor Organization address; City; State; Zip Code	
	Houston, TX 77002	

	LOANS						sc	HEDULE	E
	The Instruction	on Guide explains how t	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 6/9					
2	FILER NAME Team Alvin ISD			1	iler ID 00830	(Ethics Com	mission File	rs)	
4	TOTAL OF UN	IITEMIZED LOANS			ı		\$		0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; Cit	y; State;	Zip Code			10 Interest F		
							<b>11</b> Maturity I	Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions	s)				
14	Description of Coll None	ateral		15 Check if personal funds we	ere de	posited	into political a (See Inst		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount 0	Suaranteed (	(\$)
	not applicable	18 Guarantor address; Cit	y; State;	Zip Code					
20	Principal occupation	on		21 Employer (See Instructions	s)				

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	ILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 1/2 Rpt: 7/9		Team Alvin	ISD						00083018	
4	Date	5	Payee name								
	11/11/2024	L	Decisive Ca	mpaigns							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$890.37	] :	12900 Shad	ow Creek Pkwy							
	- Evnanditura frans	1	Jnit 4201								
	Expenditure from corporate funds		Pearland, T	X 77584							
8	PURPOSE	(a) (	Category (Se	e Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE	ı	Advertising					<b>=</b>		de of Texas. Com	
								<b>—</b>		officeholder living	r advertisement
								i none numbe	JI 0	เอๆนเอแบบ 10	i aaverusement
9	Complete ONLY if direct	L C	andidate/Offic	ceholder name	0	ffice sou	ght			Office he	eld
	expenditure to benefit C/OF										
	Date		Payee name								
	10/29/2024		MailChimp								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$368.84	(	675 Ponce o	de Leon Ave NE							
_	T Evpondituro from	;	Suite 5000								
L	Expenditure from corporate funds	,	Atlanta, GA	30308							
	PURPOSE	(a) (	Category (Se	e Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Advertising					<u></u>		de of Texas. Comp	
								Monthly cost		officeholder living MailChimn	expense
								onany cost		aorminp	
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name	0	ffice sou	ght			Office he	eld
_		ı —									
	Date	l	Payee name								
	11/11/2024		MailChimp								
	Amount (\$)	l	Payee addres		State;	Zip Co	de				
	\$38.38	l		de Leon Ave NE							
_	Expenditure from	l	Suite 5000								
L	corporate funds	/	Atlanta, GA	30308							
	PURPOSE OF			e Categories listed at the to	op of this sche	dule)	(b)	Description		d4.T 0	wlate Calcadula T
	EXPENDITURE	′	Advertising	Expense				ш		de of Texas. Comp officeholder living	
								Prorated Mon		-	•
											•
	Complete ONLY if direct		andidate/Offic	ceholder name	0	ffice sou	ght			Office he	eld
	expenditure to benefit C/OH	Н									

## 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	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 8/9	Team Alvin ISD	00083018
4 Date	5 Payee name	<b>I</b>
11/14/2024	Meta Platforms, Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$523.27	1 Meta Way	
·		
Expenditure from corporate funds	Menlo Park, CA 94025	
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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Facebook Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held
·		
Date	Payee name	
10/30/2024	PostNet #TX233	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$4,276.91	27708 Tomball Pkwy	
Expenditure from corporate funds	Tomball, TX 77375	
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  Mailer AB Voters
		Wallet AD Voters
Complete ONLY if direct	Candidate/Officeholder name Office sou	Office held
expenditure to benefit C/O		grit Office field

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/9 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Team Alvin ISD 00083018 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 11/07/2024 \$335.79 **EZ Texting** 6 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94104-5401 Purpose for which amount is received Check if political contribution returned to filer Refund