

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

<b>The SPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00086603	<b>2</b> Total pages filed: 7
<b>3</b> COMMITTEE NAME MISD Success For All		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED 01/15/2025</b>	
		Date Hand-delivered or Date Postmarked	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	1305 Mainland Shores Lane  Montgomery, TX 77316		
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Angel	
		NICKNAME	LAST
			Hoot
		SUFFIX	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1305 Mainland Shores Lane  Montgomery, TX 77316		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	1305 Mainland Shores Lane  Montgomery, TX 77316		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(936) 662-7850	
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded modified reporting limit
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Dissolution (Attach PAC-DR)
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10/27/2024		01/15/2025
<b>11</b> ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other	

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> MISD Success For All		<b>13 Filer ID</b> (Ethics Commission Filers) 00086603	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b>  _____  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  _____	
	<input checked="" type="checkbox"/> Measure	<b>BALLOT IDENTIFICATION / #</b> Prop A	<b>ELECTION DATE</b> Month    Day    Year 11/05/2024
		<b>DESCRIPTION</b> Montgomery Independent School District Prop A - a VATRE election	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b>	\$            \$0.00	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$            \$0.00	
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$            \$0.00	
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$            \$0.00	
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$            \$19.91	
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$            \$0.00	

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 Angel Hoot  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - SPAC

<b>17 COMMITTEE NAME</b> MISD Success For All		<b>18 Filer ID</b> (Ethics Commission Filers) 00086603
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 615.00
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 4/7

2 FILER NAME  
MISD Success For All

3 Filer ID (Ethics Commission Filers)  
00086603

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 5/7
<b>2</b> FILER NAME MISD Success For All		<b>3</b> Filer ID (Ethics Commission Filers) 00086603
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 6/7	2 FILER NAME MISD Success For All	3 Filer ID (Ethics Commission Filers) 00086603
4 Date 11/09/2024	5 Payee name Bar-A-BBQ	
6 Amount (\$)  600.00	7 Payee Address; City; State; Zip 21149 Eva St  Montgomery, TX 77356	
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b) Description</b> (See instructions regarding type of information required.) Food for Election Watch Night Event
Date 10/31/2024	Payee name Woodforest National Bank	
Amount (\$)  15.00	Payee Address; City; State; Zip 20821 Eva St  Montgomery, TX 77356	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b) Description</b> (See instructions regarding type of information required.) Debit Card Setup Fee

**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC-DR**

7 of 7

The Instruction Guide explains how to complete this form. **\*\*Complete only if "Report Type" on page 1 is marked "Dissolution" \*\***

1 COMMITTEE NAME MISD Success For All	2 Filer ID (Ethics Commission Filers) 00086603
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**3 Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Angel Hoot

\_\_\_\_\_  
Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath