

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069105	2 Total pages filed: 6
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/23/2025
	NICKNAME LAST SUFFIX United Educators Association		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Attn: Steven Poole 4055 International Plaza Suite 530 Fort Worth, TX 76109		Date Hand-delivered or Date Postmarked
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 572-1082		Receipt # Amount
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		Date Processed
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election		Date Imaged
	<input type="checkbox"/> Runoff		
7 PERIOD COVERED	Month Day Year 03/25/2025 THROUGH Month Day Year 04/23/2025		
8 ELECTION	ELECTION DATE Month Day Year 05/03/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Justin Chapa Arlington ISD School Board Place 5	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME United Educators Association		11 Filer ID (Ethics Commission Filers) 00069105
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 4,749.08

13 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.

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME United Educators Association		11 Filer ID (Ethics Commission Filers) 00069105
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported Mrs. Amanda Inay Fort Worth ISD School Board District 1
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
	12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)
B. Opposed		
2. Measures (describe by date and location of election and nature of issue)		A. Supported
		B. Opposed
3. Officeholders Assisted (identify by name or, if applicable, classify by party)		

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME United Educators Association		15 Filer ID (Ethics Commission Filers) 00069105	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	4,749.08
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 5/6	2 FILER NAME United Educators Association	3 Filer ID (Ethics Commission Filers) 00069105
4 Date 04/16/2025	5 Payee name Alphagraphics	
6 Amount (\$) \$1,688.00	7 Payee address; City; State; Zip Code 2407 S. Cooper St. Arlington, TX 76015	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Mailer -- AISD School Board Places 4 and 5
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Wilbanks, David	Office sought Arlington ISD School Board
	Office held	
Date 04/17/2025	Payee name (see previous)	
Amount (\$) \$538.65	Payee address; City; State; Zip Code 2407 S. Cooper St. Arlington, TX 76015	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Mailer - FWISD District 1
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Chapa, Justin	Office sought Arlington ISD School Board
	Office held	
Date 04/17/2025	Payee name Alphagraphics	
Amount (\$) \$538.65	Payee address; City; State; Zip Code 2407 S. Cooper St. Arlington, TX 76015	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Mailer - FWISD District 1
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Inay, Amanda	Office sought Fort Worth ISD School Board
	Office held	

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 6/6	2 FILER NAME United Educators Association	3 Filer ID (Ethics Commission Filers) 00069105
4 Date 04/17/2025	5 Payee name US Postmaster	
6 Amount (\$) \$2,027.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4600 Mark IV Pkwy Fort Worth, TX 76161	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Wilbanks, David	Office sought Arlington ISD School Board
Date 04/17/2025	Payee name (see previous)	
Amount (\$) \$495.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4600 Mark IV Pkwy Fort Worth, TX 76161	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Chapa, Justin	Office sought Arlington ISD School Board
Date 04/17/2025	Payee name US Postmaster	
Amount (\$) \$495.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4600 Mark IV Pkwy Fort Worth, TX 76161	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Inay, Amanda	Office sought Fort Worth ISD School Board