# FORM DCE COVER SHEET PG 1

The DCE Instruction G	uide explains how to comp	Filers)	2 Total pages fil 2			
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
	NICKNAME	LAST Commit to Stu	dents	SUFFIX	Date Received ELECTRONICA 07/13/2025	ALLY FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE		
	3000 Pegasus Park Dr				Date Hand-delivered or	r Date Postmarked
	Dallas, TX 75247				Receipt #	Amount
5 FILER PHONE	AREA CODE PHO (202) 849-9002	ONE NUMBER I	EXTENSION		Date Processed	
6 REPORT TYPE	January 15	30	th day before election		Date Imaged	
	July 15	X 8t	h day before election			
		Ru	unoff			
7 PERIOD COVERED	Month Day Year		HROUGH	Month Day	Year	
	03/31/2025	11	пкоодп	04/23/202	.э	
8 ELECTION	ELECTION DATE  Month Day Year		Primary	ELECTION T	YPE	
	05/03/2025		General	Special	LI Other	
			L	_ орески		
9 FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ja	aquetta Haygood	Board of Trustees	S	
(Attach lists on plain paper to complete this report if		B. Opposed				
necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
	GO TO PAGE 2					

# FORM DCE COVER SHEET PG 2

FILER NAME			<b>I</b>	ics Commission Filers)
Commit to Students	5		00088606	
EXPENDITURE TOTALS	1. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES	\$	0.0
	2. TOTAL POLIT	TICAL EXPENDITURES	\$	73,101.9
AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.	all information required to be	panying report is reported by me
			Signature of Filer or with authority to sign on beha	alf of entity
		(onl	y if Filer is an entity)	
	, 23, 10 00	rtify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer adn	ninistering oath

## FORM DCE ADDENDUM

Page 3 of 20

10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Commit to Students					00088606	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Emily Liles S	chool Board		
(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				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)		Johnnae Cor	ez Board of Trus	stees	
(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				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)		Eddie Rose	Board of Trustees	5	
(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				
		B. Opposed				
	Officeholders     Assisted     (identify by name or, if					
	applicable, classify by party)					

## FORM DCE ADDENDUM

Page 4 of 20

						1 age 1 01 20
10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Commit to Students					00088606	
12 COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)		Kim Brady Boa	rd of Trustees		
(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				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)		lleana Garza-R	ojas Board of Tr	ustees	
(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				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE	1. Candidates	A. Supported	Tara Hrbacek B	Roard of Trustee		
ACTIVITY	(identify by name or, if applicable, classify by party)		Tara Tirbaock T	Journal of Tradico.	S	
(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				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
	1	1				

	SU	BT	OTALS - DCE		FORM DCE
				C	OVER SHEET PG 3 5 of 20
		R NAM	IE Students	<b>15</b> Filer ID 00088606	(Ethics Commission Filers)
16	SCHI	EDULE	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
	1.	X	SCHEDULE F1: POLITICAL EXPENDITURES		<b>\$</b> 73,101.96
	2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
	3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

#### 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 explain	s how to complete this form.	- · · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/15 Rpt: 6/20	Commit to Students		00088606
4 Date	5 Payee name		
04/22/2025	Coefficient		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
\$1,378.90	5100 Main Street		
Expenditure from corporate funds	Kansas City, MO 64112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so		
EXPENDITURE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.
		Texting Serv	rice
		Texting Serv	
Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought  Board of Trustees Place A	
	Tiaygood, Jaquella (Di.)	board of Trustees Flace F	N
Date	Payee name		
04/22/2025	Coefficient		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$1,434.60	5100 Main Street		
Expenditure from corporate funds	Kansas City, MO 64112		
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.
-		Texting Serv	ico
		Texting Serv	ice
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF		School Board Place 6	School Board Place 6
,	Liles, Enliny	School Board Flace 0	School Board Flace 0
Date	Payee name		
04/22/2025	Coefficient		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$366.90	5100 Main Street		
Expenditure from corporate funds	Kansas City, MO 64112		
PURPOSE	•	chedule) (b) Description	
OF	(a) Category (See Categories listed at the top of this so Advertising Expense	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense		
		Texting Serv	rice
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>1</sup> Cortez, Johnnae	Board of Trustees Place 3	Board of Trustees Place 3

## 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/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials E: Legal Services The Instruction Guid	xpense Prir Sal	-	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILED NAM					3	Filer ID (Ethics Commission Filers)
Sch: 2/15 Rpt: 7/20	Commit to						00088606
4 Date	5 Payee name						
04/22/2025	Coefficient						
6 Amount (\$)	7 Payee addre	ess; City;	State; Zi	p Code			
\$1,689.30	5100 Main						
Expenditure from corporate funds	Kansas Cit	y, MO 64112					
8 PURPOSE	(a) Category (S	See Categories listed at the	top of this schedule	(b)	Description		
OF EXPENDITURE	Advertising				Check if travel	outsi	de of Texas. Complete Schedule T.
EXI ENDITORE					Texting Servi	ice	
9 Complete ONLY if direct	Candidate/Of	iceholder name	Office	sought			Office held
expenditure to benefit C/OF				-	stees Place 2		Board of Trustees Place 2
Date	Payee name						
04/22/2025	Coefficient						
Amount (\$)	Payee addre	ess; City;	State; Zi	p Code			
\$273.47	5100 Main	Street					
Expenditure from corporate funds	Kansas Cit	y, MO 64112					
PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule	(b)	Description		
OF EXPENDITURE	Advertising				Check if travel	outsi	de of Texas. Complete Schedule T.
2/4 2/15/10/12					T#i Ci		
					Texting Servi	ice	
Complete ONLY if direct		iceholder name	Office	e sought			Office held
expenditure to benefit C/OF	<sup>l</sup> Brady, Kim		Boar	d of Tru	stees Place A	t-	Board of Trustees Place At-
Date	Payee name	<u> </u>					
04/22/2025	Coefficient						
Amount (\$)	Payee addre	ess; City;	State; Zi	p Code			
\$273.47	5100 Main		,				
Expenditure from corporate funds	Kansas Cit	y, MO 64112					
PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule	(b)	Description		
OF EXPENDITURE	Advertising				Check if travel	outsi	de of Texas. Complete Schedule T.
EXPENDITORE		•			Toyting Convi	ioo	
					Texting Servi	ice	
Complete ONLY if direct		iceholder name	Office	e sought			Office held
expenditure to benefit C/OF	l Garza-Rojas	s, Ileana	Boar	d of Tru	stees Place A	t-	Board of Trustees Place At-

### 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 Salaries/Manage/Control

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (extra contract) and listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how t	to complete this form.				
1 Total pages Schedule F1: Sch: 3/15 Rpt: 8/20	2 FILER NAME Commit to Students	3 Filer ID (Ethics Commission Filers) 00088606				
4 Date 04/22/2025	Payee name Coefficient					
6 Amount (\$) \$273.46	7 Payee address; City; State; Zip 5100 Main Street	Code				
Expenditure from corporate funds	Kansas City, MO 64112					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T.  Texting Service				
Complete ONLY if direct expenditure to benefit C/OI	1	sought Office held d of Trustees Place At-Board of Trustees Place At-				
Date 04/23/2025	Payee name Coefficient					
Amount (\$) \$1,284.50	Payee address; City; State; Zip 5100 Main Street	Code				
Expenditure from corporate funds	Kansas City, MO 64112					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T.  Texting Service				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	sought Office held d of Trustees Place At-				
Date 04/23/2025	Payee name Coefficient					
Amount (\$) \$1,557.90	Payee address; City; State; Zip 5100 Main Street	Code				
Expenditure from corporate funds	Kansas City, MO 64112					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T.  Texting Service				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held d of Trustees Place 2 Board of Trustees Place 2				

## 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 Salaries/Wagnes/Contract Labor

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 9/20	Commit to Students 00088606
4 Date	5 Payee name
04/15/2025	FMC Printing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,814.71	2151 W Commerce St
Expenditure from corporate funds	Dallas, TX 75212
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense
	Direct Mail
	5.1.oct Mail
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	
Date	Payee name
04/18/2025	FMC Printing
Amount (\$)	Payee address; City; State; Zip Code
\$2,915.24	2151 W Commerce St
Expenditure from	
corporate funds	Dallas, TX 75212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORL	
	Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onportantal of to Edition 1	H Liles, Emily School Board Place 6 School Board Place 6
Date	Payee name
04/18/2025	FMC Printing
Amount (\$)	Payee address; City; State; Zip Code
\$1,775.44	2151 W Commerce St
Expenditure from corporate funds	Dallas, TX 75212
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.
	Direct Mail
	Direct Wall
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	Board of Trustees Flace 5

## 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 Salaries/Wagnes/Contract Labor

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: 5/15 Rpt: 10/20	Commit to Students 00088606
4 Date	5 Payee name
04/18/2025	FMC Printing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,996.66	2151 W Commerce St
Expenditure from corporate funds	Dallas, TX 75212
8 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.
	Direct Mail
	Birosemaii
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/18/2025	FMC Printing
Amount (\$)	Payee address; City; State; Zip Code
\$2,996.66	2151 W Commerce St
Expenditure from	
corporate funds	Dallas, TX 75212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LXI LINDITORE	Diverse Maril
	Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Garza-Rojas, Ileana Board of Trustees Place At-Board of Trustees Place At-
	Garza-Rojas, Ileana Board of Trustees Place At-Board of Trustees Place At-
Date	Payee name
04/18/2025	FMC Printing
Amount (\$)	Payee address; City; State; Zip Code
\$2,996.66	2151 W Commerce St
Expenditure from corporate funds	Dallas, TX 75212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAFENDITORE	Discussion of the state of the
	Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Hybook, Tara  Paged of Trustogs Place At Paged
	Hrbacek, Tara Board of Trustees Place At-Board of Trustees Place At-

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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: 6/15 Rpt: 11/20	Commit to Students 00088606
4 Date	5 Payee name
04/23/2025	FMC Printing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,822.43	2151 W Commerce St
- "	
Expenditure from corporate funds	Dallas, TX 75212
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense
	Direct Mail
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	
04/23/2025	Payee name FMC Printing
Amount (\$)	Payee address; City; State; Zip Code
\$2,915.24	2151 W Commerce St
Expenditure from	
corporate funds	Dallas, TX 75212
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.
	Direct Mail
	Shot mail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Data	· •
Date 04/23/2025	Payee name  EMC Printing
	FMC Printing
Amount (\$)	Payee address; City; State; Zip Code
\$1,775.44	2151 W Commerce St
Expenditure from	
corporate funds	Dallas, TX 75212
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.
	Direct Mail
	Direct Mail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## 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 Salaries/Wagnes/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/15 Rpt: 12/20	Commit to Students 00088606
4	Date	5 Payee name
	04/23/2025	FMC Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,996.66	2151 W Commerce St
	Expenditure from corporate funds	Dallas, TX 75212
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.
		Direct Mail
		Direct Mail
_	Computate ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held  Brady, Kim Board of Trustees Place At-Board of
	<u>'</u>	Board of Trustees Place At-Board of Trustees Pla
	Date	Payee name
	04/23/2025	FMC Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,996.66	2151 W Commerce St
	Expenditure from corporate funds	Dallas, TX 75212
	PURPOSE	<u> </u>
	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
		Direct Mail
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Garza-Rojas, Ileana Board of Trustees Place At-Board of Trustees Place At-
	Date	Payee name
	04/23/2025	FMC Printing
		-
	Amount (\$)	Payee address; City; State; Zip Code 2151 W Commerce St
	\$2,996.66	2151 W Commerce St
_	Expenditure from	
	corporate funds	Dallas, TX 75212
	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.
		Direct Mail
		Direct Mail
	Complete ONLY if direct	Candidata/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held  Hrbacek, Tara Board of Trustees Place At-Board of Trustees Place At-
		Hrbacek, Tara Board of Trustees Place At-Board of Trustees Place At-

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Candidate/Officenoider/Politica Credit Card Payment		Salaries/Wages/Contract I e explains how to complete this fo	, , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 8/15 Rpt: 13/20	Commit to Students		00088606
4 Date	5 Payee name		•
04/23/2025	FMC Printing		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$5,822.00	2151 W Commerce St		
Expenditure from corporate funds	Dallas, TX 75212		
8 PURPOSE	(a) Category (See Categories listed at the to		
OF EXPENDITURE	Advertising Expense	Chec	k if travel outside of Texas. Complete Schedule T.
		Direct	Mail
		Direct	iviali
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Board of Trustees P	
	naygood, Jaquella (Di.)		Iace At-
Date	Payee name		
04/23/2025	FMC Printing		
Amount (\$)	Payee address; City;	State; Zip Code	
\$2,900.88	2151 W Commerce St		
Expenditure from corporate funds	Dallas, TX 75212		
PURPOSE	(a) Category (See Categories listed at the to		
OF EXPENDITURE	Advertising Expense	Chec	k if travel outside of Texas. Complete Schedule T.
		Direct	Mail
		Direct	iviali
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		School Board Place	
~ .	· I		
Date	Payee name		
04/23/2025	FMC Printing		
Amount (\$)	Payee address; City;	State; Zip Code	
\$1,754.23	2151 W Commerce St		
Expenditure from			
corporate funds	Dallas, TX 75212		
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Descrip	otion
OF EXPENDITURE	Advertising Expense		k if travel outside of Texas. Complete Schedule T.
EXPENDITORL			
		Direct	Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to benefit e.c.	Cortez, Johnnae	Board of Trustees P	Place 3 Board of Trustees Place 3

## 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	· ·	plains how to complete this form.	OTHER (eliter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 9/15 Rpt: 14/20	Commit to Students		00088606
4 Date	5 Payee name		-
04/23/2025	FMC Printing		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$3,000.69	2151 W Commerce St		
- Evnanditura from			
Expenditure from corporate funds	Dallas, TX 75212		
8 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if tra	avel outside of Texas. Complete Schedule T.
		Direct Mai	I
		2660	•
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>⊣</sup> Brady, Kim	Board of Trustees Place	e At- Board of Trustees Place At-
Date	Payee name		
04/23/2025	FMC Printing		
Amount (\$)	Payee address; City;	State; Zip Code	
\$3,000.69	2151 W Commerce St	•	
Expenditure from corporate funds	Dallas, TX 75212		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	′ I — '	avel outside of Texas. Complete Schedule T.
		Direct Mai	1
		Direct Wal	'
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Garza-Rojas, Ileana	Board of Trustees Place	e At- Board of Trustees Place At-
Date	Payee name		
04/23/2025	FMC Printing		
Amount (\$)	Payee address; City;	State; Zip Code	
\$3,000.70	2151 W Commerce St	•	
Expenditure from corporate funds	Dallas, TX 75212		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	′ I <u> </u>	avel outside of Texas. Complete Schedule T.
EXPENDITORE		Direct Mai	1
		Direct Mai	ı
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		Board of Trustees Place	
	<u>.                                      </u>		

## 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 Salaries/Wagnes/Contract Labor

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: 10/15 Rpt: 15/20	Commit to Students 00088606
4 Date	5 Payee name
04/01/2025	Hunt Research, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	5019 Victor St.
Expenditure from corporate funds	Dallas, TX 75214
8 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.
	Data Consulting
	Data Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/21/2025	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$234.36	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Yard Signs
	i aiu Sigiis
One make the ONE Wife diagram	On did to 10 ff as hald a grant Off as south
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Office sought  Office held  Board of Trustees Place At-  Board of Trustees Place At-
'	Board of Trustees Place At-Board of Trustees Pla
Date	Payee name
04/21/2025	Texas Trade Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$234.36	2935 Irving Suite 201
Expenditure from corporate funds	Dallas, TX 75247
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	We down
	Yard Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	Garza-Rojas, Ileana Board of Trustees Place At-Board of Trustees Place At-

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	xpense Printing Expense Salaries/Wages/Contract Labor  de explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	<del>i</del>	· ·	3 Filer ID (Ethics Commission Filers)
Sch: 11/15 Rpt: 16/20	Commit to Students		00088606
4 Date	5 Payee name		
04/21/2025	Texas Trade Graphics		
6 Amount (\$) \$234.36	7 Payee address; City; 2935 Irving Suite 201	State; Zip Code	
Expenditure from corporate funds	Dallas, TX 75247		
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.
		Yard Signs	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Hrbacek, Tara	Board of Trustees Place A	t- Board of Trustees Place At-
Date	Payee name		
04/21/2025	Texas Trade Graphics		
Amount (\$)	Payee address; City;	State; Zip Code	
\$234.36	2935 Irving Suite 201		
Expenditure from corporate funds	Dallas, TX 75247		
PURPOSE OF	(a) Category (See Categories listed at the		
EXPENDITURE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.
		Yard Signs	
			200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought  Board of Trustees Place A	Office held
	Haygood, Jaquetta (Dr.)	Bodiu of Trustees Place A	
Date	Payee name		
04/21/2025	Texas Trade Graphics		
Amount (\$)	Payee address; City;	State; Zip Code	
\$234.37	2935 Irving Suite 201		
Expenditure from corporate funds	Dallas, TX 75247		
PURPOSE	(a) Category (See Categories listed at the	top of this schedule) (b) Description	
OF	Advertising Expense		outside of Texas. Complete Schedule T.
EXPENDITURE	The state of the s	-	
		Yard Signs	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Rose, Eddie	Board of Trustees Place 2	Board of Trustees Place 2

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement Solicitation/Fundraising Expense
ental 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 Sen		complete this form.	OTHER (enter a category not listed abov	e)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Sch: 12/15 Rpt: 17/20	Commit to Student	s		00088606	
4 Date	5 Payee name				
03/31/2025	Thomas Buck Stud	lio			
6 Amount (\$)	7 Payee address;	City; State; Zip (	Code		
\$534.37	1066 Wyatt Street				
Expenditure from corporate funds	Dallas, TX 75218				
8 PURPOSE	(a) Category (See Categor	ies listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expens	se	Check if travel	outside of Texas. Complete Schedule T.	
			Graphics De	cian	
			Graphics Des	sigii	
• O I I O O I I I I I I I I I I I I I I	0 "1 ' '0" 1 11	0"	1	055	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholde		J	Office held	
<u> </u>	<sup>1</sup> Haygood, Jaquetta (	(DI.) BOAIU (	of Trustees Place A		
Date	Payee name				
03/31/2025	Thomas Buck Stud	lio			
Amount (\$)	Payee address;	City; State; Zip (	Code		
\$534.37	1066 Wyatt Street				
Expenditure from corporate funds	Dallas, TX 75218				
PURPOSE	(a) Category (See Categor	ies listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expens		Check if travel	outside of Texas. Complete Schedule T.	
EXI ENDITORE			Constitut Day	-1	
			Graphics Des	Sign	
			1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholde			Office held	
experientare to benefit ever	1 Liles, Emily	School	Board Place 6	School Board Place 6	
Date	Payee name				
03/31/2025	Thomas Buck Stud	lio			
Amount (\$)	Payee address;	City; State; Zip (	Code		
\$534.38	1066 Wyatt Street				
Expenditure from corporate funds	Dallas, TX 75218				
PURPOSE	(a) Category (See Category	ies listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expens		Check if travel	outside of Texas. Complete Schedule T.	
EXPENDITURE					
			Graphics Des	sign	
			1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholde		-	Office held	
SAPORARIO TO BOTTON O/OI	Cortez, Johnnae	Board (	of Trustees Place 3	Board of Trustees Place	: 3

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

	Candidate/Officeholder/Politica Credit Card Payment	al 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 Fi	ilers)
	Sch: 13/15 Rpt: 18/20	Commit to Students 00088606	
4	Date	5 Payee name	
	03/31/2025	Thomas Buck Studio	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$534.38	1066 Wyatt Street	
	Expenditure from corporate funds	Dallas, TX 75218	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	-	Craphics Docion	
		Graphics Design	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experialitate to beliefit 6/01	Rose, Eddie Board of Trustees Place 2 Board of Trustees Place 2	
	Date	Payee name	
	04/23/2025	Thomas Buck Studio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$213.75	1066 Wyatt Street	
		, , , , , , , , , , , , , , , ,	
Г	Expenditure from	Dollar TV 7F210	
_	corporate funds	Dallas, TX 75218	
	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.	
		Graphics Design	
		Graphilos Design	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		.t_
		Board of Hustees Flace At- Board of Hustees Flace A	\t-
	Date	Payee name	
	04/23/2025	Thomas Buck Studio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$213.75	1066 Wyatt Street	
	Expenditure from corporate funds	Dallas, TX 75218	
	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.	
		Graphics Design	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O			λt-

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services		Vages/Contract Labor	OTHER (enter a ca	tegory not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (	Ethics Commission Filers)
Sch: 14/15 Rpt: 19/20	Commit to Students			00088606	
4 Date	5 Payee name				
04/23/2025	Thomas Buck Studio				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
\$213.75	1066 Wyatt Street				
Expenditure from corporate funds	Dallas, TX 75218				
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. Comple	te Schedule T.
			Craphica Do	oian	
			Graphics Des	Sign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name		9	Office held	
experiulture to beliefit C/Oi	⊓ Hrbacek, Tara	Board of	Trustees Place A	t- Board of	Trustees Place At-
Date	Payee name				
04/23/2025	Thomas Buck Studio				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$213.75	1066 Wyatt Street	. ,			
Ψ210.110	1000 Wydd Gaedd				
Expenditure from	Dallag TV 75010				
corporate funds	Dallas, TX 75218				
PURPOSE OF	(a) Category (See Categories listed	at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense		Check if travel	outside of Texas. Comple	te Schedule T.
			Graphics Des	sian	
			Oraphics Dec	Sign	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office held	1
expenditure to benefit C/OI			Trustees Place A		
·	Traygood, Jaquetta (Dr.)			· · · · · · · · · · · · · · · · · · ·	
Date	Payee name				
04/23/2025	Thomas Buck Studio				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$213.75	1066 Wyatt Street				
Expenditure from corporate funds	Dallas, TX 75218				
PURPOSE	(a) Category (See Categories listed		(b) Description		
OF	Advertising Expense	at the top of this schedule)		outside of Texas. Comple	te Schedule T.
EXPENDITURE	Advertising Expense				
			Graphics Des	sign	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held	
expenditure to benefit C/OI	<sup>H</sup> Liles, Emily	School B	oard Place 6	School Bo	oard Place 6

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088606 Sch: 15/15 Rpt: 20/20 Commit to Students 4 Date Payee name 04/23/2025 Thomas Buck Studio 6 Amount (\$) Payee address; State; Zip Code \$213.75 1066 Wyatt Street Expenditure from Dallas, TX 75218 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE Graphics Design** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Cortez, Johnnae Board of Trustees Place 3 Board of Trustees Place 3