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) 00089518 3 COMMITTEE NAME **OFFICE USE ONLY** Keller Strong Date Received **ELECTRONICALLY FILED** 07/08/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 332 Longview Drive Date Hand-delivered or Date Postmarked KELLER, TX 76248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Kyle NAME NICKNAME LAST **SUFFIX** McCaw STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 332 Longview Drive STREET **ADDRESS** (Residence or Business) Keller, TX 76248 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 332 Longview Drive MAILING **ADDRESS** Keller, TX 76248 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 559-3163 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) Χ **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/24/2025 07/08/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** X Other Month Day Year Primary Runoff 05/03/2025 General Special school board

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|--------------|----------------------------|
| Keller Strong | | | 00089518 | 3 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Marissa Bryce school board | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 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.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 5,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 20.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 161.93 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | <u>'</u> | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | | Mr. Kyle | e McCaw | |
| | | Signature of Ca | mpaign Treas | urer |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | before me, by the said | , tl | his the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of off | cer administering oath |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

| | | | | | | | Page | 3 of 7 |
|---|---|--------------|-----------|----------------|---------|-------------|--------------------|---------|
| 12 COMMITTEE NAME | | | | | | 13 Filer ID | (Ethics Commission | Filers) |
| Keller Strong | | | | | | 00089518 | | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Jade Hol | lbrook schoo | l 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 | | | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Nikki Par | ris school boa | ard | | | |
| (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.) | | | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | CESAR | TOVAR city (| council | | | |
| (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.) | | | | | | | |
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SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| 4 of 7 | | | | | | | |
|---|--------------------|--|-----------------------------|-------------|------------------|-----|--|
| | MMITTE ler Stro | EE NAME ong | 18 Filer ID 00089518 | (Ethics Cor | nmission Filers) | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | SUBT | OTAL AMOUNT | | |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 5,000. | .00 | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | R | \$ | | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | | |
| 9. | | SCHEDULE E: LOANS | | \$ | | | |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 20. | .00 | |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | | |
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| TARY POLITICAL CONTRIBU | JTIONS | SCHEDULE A1 |
|--|--|--|
| uction Guide explains how to complete t | this form. | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/7 |
| E ng | 3 Filer ID (Ethics Commission Filers) 00089518 | |
| 5 Full name of contributor out-of-state PAC McCaw, Kyle 6 Contributor address; City; State; Zip Code | C (ID#:) | 7 Amount of Contribution (\$) \$5,000.00 |
| Keller, TX 76248 | | |
| upation / Job title (See Instructions) | 9 Employer (See Instruction: | s) |
| | | |
| ו | section Guide explains how to complete and a section Guide explain guide explains how to complete and a section Guide explain guide explains how to complete and a section Guide explain guide explains how to complete and a section Guide explain guide explai | 5 Full name of contributor out-of-state PAC (ID#:) McCaw, Kyle 6 Contributor address; City; State; Zip Code Keller, TX 76248 |

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | al Committee Legal Services | ense Printing Expense Salaries/Wages/Contract Lab e explains how to complete this form | |
|---|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/1 Rpt: 6/7 | Keller Strong | | 00089518 |
| 4 Date | 5 Payee name | | |
| 05/30/2025 | frost bank | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | |
| \$20.00 | 1240 Keller Parkway | | |
| — Consenditure from | | | |
| Expenditure from corporate funds | Keller, TX 76248 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the to | | |
| OF EXPENDITURE | Accounting/Banking | | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| | | - | count service charge / fee |
| | | | g |
| 9 Complete ONLY if direct | Candidate/Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | | ooo oodg.i.c | C60 1.614 |
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POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

7 of 7

| | only if "Report Type" on page 1 is marked "Dissolution" ** | | | | |
|---|--|--|---|--|--|
| 1 | COMMITTEE NAME | | 2 Filer ID (Ethics Commission Filers) | | |
| | Keller Strong | | 00089518 | | |
| 3 | Affidavit of Dissolution | | | | |
| | | | | | |
| | | | | | |
| | I, the undersigned campaign treasurer, do not expect committee for this or any other campaign or election declare that all of the information required to be reported as a dissolution report terminates the appoint committee may not make or authorize political expensional expensions of campaign treasurer on file. | n for which reporting under the orted by me has been reporte ment of campaign treasurer. | e Election Code is required. I d. I understand that designating a I further understand that a political | | |
| | | NAT- L | Oda McCaw | | |
| | | | (yle McCaw Campaign Treasurer | | |
| | | Signature of C | oampaign measurer | | |
| | | DO NOT SIGN UNLESS POLITIC | AL COMMITTEE IS TO BE DISSOLVED | | |
| | AFFIN NOTARY CTAMP (CFAL ARC) /F | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | |
| | Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office | , this | the day of , | | |
| | | | | | |
| | Signature of officer administering oath Printed name | e of officer administering oath | Title of officer administering oath | | |