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) 00087946 3 COMMITTEE NAME **OFFICE USE ONLY** Midlanders for Educational Excellence Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 9500 South CR 1030 Date Hand-delivered or Date Postmarked Change of Address Stanton, TX 79782 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Dustin NAME NICKNAME LAST **SUFFIX** Gragg STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 9500 South CR 1030 STREET **ADDRESS** (Residence or Business) Stanton, TX 79782 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 9500 South CR 1030 MAILING **ADDRESS** Stanton, TX 79782 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 416-0174 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Midlanders for Educa	tional Excellence		00087946	
14 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		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,282.03
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	11,875.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	4,010.46
OUTSTANDING LOAN TOTALS	-	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	l		ı	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Dus	tin Gragg	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Little of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

				<u></u>	3 Of 14
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission F	ilers)
Mid	dlander	s for Educational Excellence	00087946		
19 SC	HEDULE	SUBTOTALS			
NA	ME OF	SCHEDULE		SUBTOTAL AMO	DUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 14	1,282.03
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
1	\Box	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R		
4.	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION	THOIT OIL	\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
				ļ ·	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		 	
′.	Ш	ORGANIZATION		3	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
				ļ ·	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION.	3	\$ 1:	1,875.29
10.		CONEDULE 11. 1 CENTIONE EXITENSITION CENTIONE CONTINUE TON	3	1.	1,075.25
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	Ц				
			2110		
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	JNS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	DETLIDNED		
15.		TO FILER	KETOKNED	\$	
					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/14	
2	FILER NAME Midlanders fo	or Educational Excellence			3	Filer ID (Ethics Commission 00087946	on Filers)
4	Date 05/02/2025	Barker, Chip	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Midland, TX 79705 pation / Job title (See Instructions)	l _a	Employer (See Instructions			
	Executive A			Henry Resources	,		
	Date 04/22/2025	Full name of contributor				Amount of Contribution (\$)	\$3,082.03
	Principal occu	Midland, TX 79707 pation / Job title (See Instructions)		Employer (See Instructions)		
	Entrepreneu			Self	,		
	Date 05/14/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$5,000.00
		Midland, TX 79705					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions NA)		
	Date 06/12/2025	Sparks, Don				Amount of Contribution (\$)	\$5,000.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions NA)		
	Date 04/25/2025	Full name of contributor True Chemical Solutions, Ilc Contributor address; City; State; A Midland, TX 79705	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID	(Ethics Commission Filers)
Sch: 1/10 Rpt: 5/14	Midlanders for Educational Excellence		00087946	
4 Date	5 Payee name			
04/28/2025	Airbnb			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$183.18	888 Brannan Street			
Expenditure from	Suite 4			
corporate funds	San Francisco, CA 94103			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Hotel	ı =	utside of Texas. Com TX, officeholder living	
		Hotel for even		g expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office h	eld
expenditure to benefit C/OI	1			
Date	Payee name			
05/06/2025	Airbnb			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$49.68	888 Brannan Street			
	Suite 4			
Expenditure from corporate funds	San Francisco, CA 94103			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Hotel	ı <u>—</u>	utside of Texas. Com	
		Hotel for Even	TX, officeholder living	g expense
		Hotel for Even	IL	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	<u> </u> aht	Office h	eld
expenditure to benefit C/OI		agne	Omoo n	
Date	Payee name			
05/12/2025	Airbnb			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$183.18	888 Brannan Street			
	Suite 4			
Expenditure from corporate funds	San Francisco, CA 94103			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Hotel		utside of Texas. Com	nplete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living	g expense
		Hotel for Even	ıt	
		<u> </u>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office h	eld
'				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 6/14	Midlanders for Educational Excellence 00087946
4 Date	5 Payee name
05/20/2025	Airbnb
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.68	888 Brannan Street
	Suite 4
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(1) 2
OF	(a) Category (See Categories listed at the top of this schedule) Hotel (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Hotel for Event
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/27/2025	Airbnb
Amount (\$)	Payee address; City; State; Zip Code
\$183.18	888 Brannan Street
	Suite 4
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Hotel Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Hotel for Event
Organists ONE Wife diagram	On did to 10 ff as hald a grant Off as hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	Airbnb
Amount (\$)	Payee address; City; State; Zip Code
\$49.69	888 Brannan Street
	Suite 4
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Hotel Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Hotel for event
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G	•		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 3/10 Rpt: 7/14			for Educational	Excellence					00087946		,
4	Date	5	Payee name									
	06/09/2025		Airbnb									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$183.18		888 Branna	n Street								
			Suite 4									
	Expenditure from corporate funds			sco, CA 94103								
8	PURPOSE	(a)	Category (Se	o Catagorios listad at t	ho top of this coh	andula)	(b)	Description				
Ī	OF	``'	Hotel	ee Categories listed at t	ne top of this sch	ledule)	(~)	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		110101					Check if Austin	, TX	officeholder living	g expense	
								Hotel for ever	nt			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	Date	Π	Payee name									
	06/17/2025		Airbnb									
		_		0':		7' 0						
	Amount (\$)		Payee addre		State	; Zip Co	ae					
	\$49.69		888 Branna	n Street								
_	T Expenditure from		Suite 4									
L	corporate funds		San Francis	sco, CA 94103								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF		Hotel					Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin	, TX	officeholder living	g expense	
								Hotel for ever	nt			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	05/20/2025		CAZ Consu	lting. LLC								
					Ctata	· Zin Co	do					
	Amount (\$)		Payee addre	-	State,	; Zip Co	ue					
	\$3,433.09		5049 Edwa	rds Ranch Rd								
_	T Expenditure from											
L	corporate funds		Fort Worth,	TX 76109								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				_			plete Schedule T.	
	EXI ENDITORE							_		officeholder living	g expense	
								MMS-Texting	J			
	Complete ONLY if direct			ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	٦	Hodges, Bra	ndon								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/10 Rpt: 8/14 Midlanders for Educational Excellence 00087946 4 Date Payee name 05/16/2025 CDA Broadcasting Inc. KWEL 6 Amount (\$) Payee address; City; State; Zip Code \$600.00 10308 HERNANDEZ AVE Expenditure from Midland, TX 79707 corporate funds **PURPOSE** 8 (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** Check if Austin, TX, officeholder living expense Radio Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/26/2025 CDA Broadcasting Inc. KWEL Amount (\$) Payee address; City; State; Zip Code \$600.00 10308 HERNANDEZ AVE Expenditure from Midland, TX 79707 corporate funds **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** Check if Austin, TX, officeholder living expense Radio Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/05/2025 Friedhelm's Bavarian Inn Restaurant Amount (\$) Payee address: City: State; Zip Code \$102.50 905 W Main St Expenditure from corporate funds Fredericksburg, TX 78624 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for travel to public education meeting in Austin. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

Credit Card Payment	The Instruction Guide explains how to co	omple	te this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/10 Rpt: 9/14	Midlanders for Educational Excellence			00087946	
4 Date	5 Payee name		•		
06/06/2025	Frost Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$25.95	4101 N Midland Dr				
- Funanditura from					
Expenditure from corporate funds	Midland, TX 79707				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Fuel		Check if travel outsid		
			Check if Austin, TX, of Fuel for travel to		expense
			ruei ioi iiavei io	eveni	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	ald
expenditure to benefit C/OI		agrit		Office fie	aru -
Data					
Date 06/30/2025	Payee name Frost Bank				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$2.00	4101 N Midland Dr				
Expenditure from					
corporate funds	Midland, TX 79707				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	I 4 T O	ulata Cabadula T
EXPENDITURE	Fees		Check if travel outsid Check if Austin, TX, (
			ப Frost Banking fee		•
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/OI	4				
Date	Payee name				
04/28/2025	Gerardo's Casita				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$74.83	2407 N Big Spring St				
Expenditure from corporate funds	Midland, TX 79705				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF	Food/Beverage Expense	l` í	Check if travel outsid	le of Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin, TX, o		expense
			Food for campai	gn event	
0 1. 6	0 511 105	<u> </u>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt		Office he	eia
,					

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss	ion Filers)
Sch: 6/10 Rpt: 10/14	Midlanders for Educational Excellence 00087946	
4 Date	5 Payee name	
06/06/2025	Hilton Hotel	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$475.98	500 E 4th St.	
Expenditure from		
corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Hotel for event	
	Hoter for evenit	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
05/02/2025	Hotel Contessa San Antonio	
Amount (\$) \$68.58		
Φ00.30	300 W Market Street	
Expenditure from corporate funds	San Antonio, TX 78205	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Hotel for San Antionio Public Education Me	actina
	Ploterior Surry Millorillo F abilic Education We	curig
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
04/29/2025	Kill Switch	
Amount (\$)	Payee address; City; State; Zip Code	
\$400.00		
\$100.00		
Expenditure from corporate funds	Midland, TX 79705	
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.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Social Media Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit Great		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Filers)	_
Sch: 7/10 Rpt: 11/14	Midlanders for Educational Excellence 00087946	
4 Date	5 Payee name	
04/24/2025	Kill Switch	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$400.00		
Expenditure from corporate funds	Midland, TX 79705	
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. Check if Austin, TX, officeholder living expense	
	Social Media Advertising	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	H	
Date	Payee name	_
05/02/2025	Kill Switch	
Amount (\$)	Payee address; City; State; Zip Code	_
\$400.00		
Expenditure from corporate funds	Midland, TX 77057	
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 Entertainment for Event	
	Entertailment for Event	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
05/05/2025	Kill Switch	
Amount (\$)	Payee address; City; State; Zip Code	_
\$600.00		
,,,,,,		
Expenditure from corporate funds	Midland, TX 77057	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Food/Beverage Expense	
L/A LINDINGAL	Check if Austin, TX, officeholder living expense	
	Food for Event	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
		_

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card i dyment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 12/14	Midlanders for Educational Excellence	00087946
4 Date	5 Payee name	
05/15/2025	Kill Switch	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$600.00		
Expenditure from		
corporate funds	Midland, TX 77057	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Social Media Advertising
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/12/2025	Kill Switch	
		rada
Amount (\$)	Payee address; City; State; Zip C	oue
\$600.00		
Expenditure from		
corporate funds	Midland, TX 77057	
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.
LXI ENDITORE		Check if Austin, TX, officeholder living expense
		Social Media Advertising
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/01/2025	Love's	
Amount (\$)	Payee address; City; State; Zip C	code
\$88.67	43 US HWY 87	
Ψ00.01	43 03 11W1 07	
Expenditure from		
corporate funds	Comfort, TX 78013	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel for travel to event
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	¬	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr

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

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: 9/10 Rpt: 13/14	Midlanders for Educational Excellence 00087946
4 Date	5 Payee name
04/30/2025	McAdoo's Seafood Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$301.00	196 N Castell Ave
Expenditure from	
corporate funds	New Braunfels, TX 78310
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Food for event
	1 dou for event
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/16/2025	Texas Ethics Commission
Amount (\$)	Payee address; City; State; Zip Code
\$49.80	201 E 14th St.
Ψ+3.00	201 E 14(1) 3(.
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense TEC Fine fees
	TEST IIIC ICCS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/16/2025	Texas Ethics Commission
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	201 E 14th St.
Ψ2,000.00	201 E 14(1) 3(.
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense TEC Fine fees
	TEO I IIIe Iees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

/ - Il Committee	Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Lab S how to complete this form	
2 FILER NAM	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	3 Filer ID (Ethics Commission Fi
1		9	00087946
5 Payee name	e		•
WinRed			
7 Pavee addr	ess: Citv: State	e: Zip Code	
1		-,p	
1770 Wilso	on biva. Suite 550		
Arlington, '	VA 22219		
(a) Category (See Categories listed at the top of this so	hedule) (b) Description	on
Fees			travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense
		WinRed	Service Fee
Candidate/Of	ficeholder name	Office sought	Office held
	2 FILER NAM Midlanders 5 Payee nam WinRed 7 Payee addr 1776 Wilso Arlington, (a) Category (Fees	The Instruction Guide explains 2 FILER NAME Midlanders for Educational Excellence 5 Payee name WinRed 7 Payee address; City; State 1776 Wilson Blvd. Suite 530 Arlington, VA 22219 (a) Category (See Categories listed at the top of this so Fees Candidate/Officeholder name	Gift/Awards/Memorials Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this forr 2 FILER NAME Midlanders for Educational Excellence 5 Payee name WinRed 7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought