#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088532 3 COMMITTEE NAME **OFFICE USE ONLY** Vote for Argyle ISD Date Received **ELECTRONICALLY FILED** 07/10/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 905 Date Hand-delivered or Date Postmarked Argyle, TX 76226 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Susan NAME NICKNAME LAST **SUFFIX** Rendon STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5804 Pine Valley Drive STREET **ADDRESS** (Residence or Business) Flower Mound, TX 75022 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 905 MAILING **ADDRESS** Argyle, TX 76226 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 975-4388 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED 04/24/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 05/03/2025 χ General Special

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Vote for Argyle ISD			00088532		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate	OFFICE SOUGHT (candidate) / OFFICE HEL	D (afficabolder)		
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeriolder)		
X SUPPORT		BALLOT IDENTIFICATION / #	FLECTI	ON DATE	
(Candidate or Measure)		Prop A	Month	Day	Year
OPPOSE (Candidate or Measure)		Flop A	05/03/2	•	real
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		School bond measure Proposition A			
15 CONTRIBUTION TOTALS		L TRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ILESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$8,949.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$3,584.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	OUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT	l	I swear, or affirm, under penalty of per and correct and includes all information Title 15, Election Code.			
		Mrs. Sus	an Rendon		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	, t	his the		day
of	_, 20, to certify which	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administer	ring oath

## FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 9 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID 00088532 Vote for Argyle ISD 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR Prop B OPPOSE X MEASURE 05/03/2025 (Candidate or Measure) DESCRIPTION **ASSIST** school bond measure proposition B (Officeholders only)

# SUBTOTALS - SPAC FORM SPAC COVER SHEET PG 3 4 of 9 7 COMMITTEE NAME Vote for Argyle ISD 9 SCHEDULE SUBTOTALS FORM SPAC COVER SHEET PG 3 4 of 9 00088532

Vote for Arg	(Ethics Commission Filers)						
19 SCHEDULE NAME OF S	SUBTOTAL AMOUNT						
1.	\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$				
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$				
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$				
7.	SCHEDULE E: LOANS		\$				
8. X	8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
9.	9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER $\ensuremath{TO}$	RETURNED	\$				

# 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 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 explains how to comp	ple	te this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 1/5 Rpt: 5/9	Vote for Argyle ISD		00088532				
4	Date	5 Payee name		-				
	05/02/2025	Argyle Party and Gift						
6	Amount (\$)	7 Payee address; City; State; Zip Code	e					
	\$200.00	409 US-377						
		Argyle, TX 76226						
8	PURPOSE		h)	Description				
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	ω,	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Zveni Zxpenice		Check if Austin, TX, officeholder living expense				
				election day				
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/OI	1						
	Date	Payee name						
	05/02/2025	Cactus Canyon						
	Amount (\$)	Payee address; City; State; Zip Code	е					
	\$400.00	700 West FM 407						
		Argyle, TX 76226						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense	•	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
				raffle prize				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held				
	Date	Payee name						
	04/24/2025	Combs, Josh						
	Amount (\$)	Payee address; City; State; Zip Code	е					
	\$238.15	10511 FINCHER RD						
		Argyle, TX 76226						
	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.				
	2/11/2/10/12			Check if Austin, TX, officeholder living expense				
				reimbursement for push cards				
	Complete ONLY if direct	Condidate/Officeholder name	hŧ	Office hold				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ΙΙĽ	Office held				
	•							

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

Fees Offic
Food/Beverage Expense Polli
Gift/Awards/Memorials Expense Print
Ligal Services Sala

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 explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 6/9	Vote for Argyle ISD		00088532
4	Date	5 Payee name		•
	05/14/2025	Combs, Joshua		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$720.00	10511 FINCHER RD		
		Argyle, TX 76226		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				reimbursement for event expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
9	expenditure to benefit C/OI		II	Office field
	Data			
	Date	Payee name		
	05/01/2025	Core Pilates		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$120.00	100 Country Club Rd		
		Argyle, TX 76226		
	PURPOSE OF	, ,	b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				raffle award
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/09/2025	Davee, Sarah		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$800.00	9535 SPRING RD.		
		Argyle, TX 76226		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				reimbursement for event expenses
	Complete ONLY if alias -t	Condidate/Officeholder name	ht	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ΙI	Office held

## 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

l	Credit Card Payment	The Instruction Guide explains how to	-	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 3/5 Rpt: 7/9	Vote for Argyle ISD		00088532				
4	Date	5 Payee name		<u> </u>				
	05/09/2025	Davee, Sarah						
6	Amount (\$)	7 Payee address; City; State; Zip	Code					
l	\$200.00	9535 SPRING RD.						
l								
		Argyle, TX 76226						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.				
l				Check if Austin, TX, officeholder living expense reimbursement for Meta ads				
				Telinbursement for Weta aus				
9	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held				
ľ	expenditure to benefit C/O		ougiit	Cilice Held				
⊨	Date	Davis and						
l	05/09/2025	Payee name Davee, Sarah						
L		·	0					
l	Amount (\$)	Payee address; City; State; Zip	Code					
l	\$120.00	9535 SPRING RD.						
		Argyle, TX 76226						
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
l	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
l		reimbursement						
┢	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held				
l	expenditure to benefit C/OI	1						
F	Date	Payee name						
l	04/29/2025	Davee, Sarah						
H	Amount (\$)	Payee address; City; State; Zip	Code					
l	\$1,040.86	9535 SPRING RD.						
l								
		Argyle, TX 76226						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
l	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.				
l	EXI ENDITORE			Check if Austin, TX, officeholder living expense				
l				various advertisement events (e.g., egg hunt, day care info session, etc.)				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	<u> </u>				
	expenditure to benefit C/O		ougni	Office Held				
$\vdash$								

# 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 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 explains how to comple	ete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/5 Rpt: 8/9	Vote for Argyle ISD	00088532						
4	Date	5 Payee name							
	05/03/2025	Little Joe's Farmstead							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,006.43	401 US-377							
		A							
Ļ		Argyle, TX 76226							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense						
			event expenses						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
L	·								
	Date	Payee name							
	05/02/2025	Little Joe's Farmstead							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$172.44	401 US-377							
		Aroulo TV 76226							
	DUDDOCE	Argyle, TX 76226							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Podd/beverage Expense	Check if Austin, TX, officeholder living expense						
		election day							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held						
L									
	Date 05/05/2025	Payee name  NoBox Creative							
	Amount (\$) \$3,906.96	Payee address; City; State; Zip Code 4211 I-40 West							
	Ψ3,300.30	Suite 201							
		Amarillo, TX 79106							
	PURPOSE		Decariation						
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense						
			text message campaign 31,308 messages plus						
			setup						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held						

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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/Politica Credit Card Payment		nmittee	Legal Service	Memorials Exper			pense ages/	Contract Labor		Travel in Distri Travel Out of I OTHER (enter	istrict	ot listed above)
1	Total pages Schedule F1: Sch: 5/5 Rpt: 9/9	ı	FILER NAMI							3	Filer ID 00088532	(Ethics C	Commission Filers)
4	Date	_	Payee name										
	05/03/2025	ľ	Pack N Ma										
6	Amount (\$)	7	Payee addre	ess; Cit	y;	State;	Zip Cod	de					
	\$24.29		2650 FM 4	07 E									
			Suite 145										
			Bartonville,	TX 76226	ີ 								
8	PURPOSE OF		Category (S			of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				l I	_		ide of Texas. Co , officeholder livi		lule T.
									그 copies				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder n	ame	С	office souç	ght			Office I	ield	