CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088555 Date Received COMMITTEE Katy Educational Excellence Partners **ELECTRONICALLY FILED** NAME 07/13/2025 TREASURER Nixon, Melissa (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 04/24/2025 06/30/2025 **EXPLANATION OF CORRECTION** Corrected expense categories 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mrs. Melissa Nixon Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form

Needed To Report And Explain Corrections

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) 00088555 3 COMMITTEE NAME **OFFICE USE ONLY** Katy Educational Excellence Partners Date Received **ELECTRONICALLY FILED** 07/13/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5554 South Peek Road Date Hand-delivered or Date Postmarked **PMB 42** Change of Address Katy, TX 77450 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Melissa NAME NICKNAME LAST **SUFFIX** Nixon STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5403 Blairmore Ct. STREET **ADDRESS** (Residence or Business) Katy, TX 77450 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5403 Blairmore Ct. MAILING **ADDRESS** Katy, TX 77450 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 576-9566 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** 04/24/2025 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

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
Katy Educational Exceller	nce Partners			000885	55	
ACTIVITY	L. Candidates Identify by name or, if applicable, classify by party.)	A. Supported Jan	nes Cross School Board	l Trustee		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(1	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.)					
5 CONTRIBUTION 1 TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTR OR GUARANTEES C IADE ELECTRONICA qualifies for the higher it	ALLY)	\$	0.00	
2	2. TOTAL POLITICA (OTHER THAN PLE		IS GUARANTEES OF LOANS	\$	0.00	
EXPENDITURE 3 TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$					
4	1. TOTAL POLITICA	L EXPENDITURES	6	\$	1,210.29	
CONTRIBUTION 5 BALANCE	5. TOTAL POLITICAL OF THE REPORTING		AINTAINED AS OF THE LA	ST DAY \$	3,410.36	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				0.00	
6 AFFIDAVIT				<u> </u>		
		true an	r, or affirm, under penalty of Id correct and includes all ir Title 15, Election Code.			
			Mrs. N	Лelissa Nixon		
				Campaign Trea		
AFFIX NOTARY S	TAMP / SEAL ABOVE		o grama o	Jan		
Sworn to and subscribed be	efore me, by the said			, this the	day	
of,				_,		
Signature of officer admi	inistering oath	Printed name of office	er administering oath	Title of o	officer administering oath	

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

Page 4 of 10 Conduttree NAME A. Supported B. Opposed Descriptly years or, if greater of search and search
Active Educational Excellence Partners COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed Lance Redmon School Board Trustee
Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of sissue.) B. Opposed Lance Redmon School Board Trustee Assisted
Activity Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed Lance Redmon School Board Trustee
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Lance Redmon School Board Trustee
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Lance Redmon School Board Trustee
B. Opposed 3. Officeholders Assisted Lance Redmon School Board Trustee
Assisted
(Identify by name or, if applicable, classify by party.)
Pagement, second of party.

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		5 of 10
17 COMMITTEE NAME Katy Educational Excellence Partners	18 Filer ID 00088555	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	?	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAT LABOR ORGANIZATION	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	NIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OF	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 1,210.29
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 46.00
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RI	ETURNED	\$

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 c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 6/10	Katy Educational Excellence Partners	00088555
4 Date	5 Payee name	
04/29/2025	Facebook	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$350.00	1 Hacker Way	
- Funanditura from		
Expenditure from corporate funds	Menlo Park, CA 94025	
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. Check if Austin, TX, officeholder living expense
		Advertising expense
		3.4.
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ught Office held
expenditure to benefit C/O		Board Trustee
Date		
Daio	Payee name (see previous)	
۸mount (۵)		ada
Amount (\$)	Payee address; City; State; Zip C	oue
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Circle in Addition, 174, directional inviting expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	Board Trustee School Board Trustee
Date	Payee name	
05/01/2025	Facebook	
		ode
Amount (\$) \$232.76	Payee address; City; State; Zip C 1 Hacker Way	ouc
φ232.70	THUCKEL Way	
Expenditure from	Monlo Dork CA 04025	
corporate funds	Menlo Park, CA 94025	l
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Toyas, Complete Schedule T
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising Expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		Board Trustee

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

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

Candidate/Officenoider/Politica Credit Card Payment	•	explains how to complete this f	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 7/10	Katy Educational Excellence Pa	artners	00088555
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top	' I —	
EXPENDITURE			ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			www.acan, rx, concernate anny expenses
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Redmon, Lance	School Board Trust	ee School Board Trustee
Date	Payee name		
05/08/2025	Facebook		
Amount (\$)	Payee address; City;	State; Zip Code	
\$17.40	1 Hacker Way		
	_		
Expenditure from corporate funds	Menlo Park, CA 94025		
PURPOSE OF	(a) Category (See Categories listed at the top		
EXPENDITURE	Advertising Expense	 	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			tising Expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Cross, James	School Board Trust	ee
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
γο (ψ)	. 4,00 444.000,	ctate, <u>_ip</u> ceae	
Expenditure from corporate funds			
PURPOSE	(a) Cotomoni	(h) Deceri	41
OF	(a) Category (See Categories listed at the top		DHOTI ck if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Che	ck if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
ехрениките ко вененк С/Он	Redmon, Lance	School Board Trust	ee School Board Trustee

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	OTTER (etitel a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 8/10	Katy Educational Excellence Partners		00088555
4 Date	5 Payee name		
06/02/2025	Facebook		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$110.13	1 Hacker Way		
Expenditure from corporate funds	Menlo Park, CA 94025		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Advertising Expense	ı <u>—</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Advertising E	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	I ouaht	Office held
expenditure to benefit C/OI		Board Trustee	060 1.6.0
Date	Davis name		
Date	Payee name (see previous)		
A (A)		N	
Amount (\$)	Payee address; City; State; Zip C	ode	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE		1 =	outside of Texas. Complete Schedule T.
		CHECK II Ausun,	, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so		Office held
expenditure to benefit C/OI	1	Board Trustee	School Board Trustee
			Concor Board Tractor
Date	Payee name		
04/28/2025	TextByChoice		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$500.00	503 E. Jackson St. Ste 503		
Expenditure from			
corporate funds	Tampa, FL 33602		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	🗀	outside of Texas. Complete Schedule T.
LXI LINDITORE		—	, TX, officeholder living expense
		Advertise Exp	pense
		1	200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so		Office held
	1 Cross, James School	Board Trustee	

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 Lenal 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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Co	mmittee	Gift/Awar Legal Ser				cpense cpense /ages/Contract Labor mplete this form.		Travel Out of Di OTHER (enter a		above)
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 4/4 Rpt: 9/10		Katy Educa		Excellence	Partners				00088555		
4	Date	5	Payee name (see previo									
6	Amount (\$)	7	Payee addre		City;	State;	Zip Co	de				
	Expenditure from corporate funds											
8	PURPOSE	(a)	Category (S	See Catego	ries listed at the	top of this sche	dule)	(b) Description				
	OF EXPENDITURE										nplete Schedule T.	
								Check if Aus	tin, TX	, officeholder livin	g expense	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off		er name		ffice sou			Office h		
L			Redmon, La	nce			CHOOLB	oard Trustee		501001	Board Truste	:e

SCHEDULE I

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/1 Rpt:	Katy Educational Excellence Partners 00088555					
4 Date	5 Payee name					
06/30/2025	Prosperity Bank					
6 Amount (\$)	7 Payee Address; City; State; Zip					
10.00	23310 Cinco Ranch Blvd					
Expenditure from corporate funds	Katy, TX 77494					
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
OF EXPENDITURE	Fees bank service charge					
EXPENDITORE						
Date	Payee name					
04/28/2025	TextByChoice					
Amount (\$)	Payee Address; City; State; Zip					
12.00	503 E. Jackson St. Ste 503					
Expenditure from						
corporate funds	Tampa, FL 33602					
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
OF EXPENDITURE	Fees fee for text service					
Date	Payee name					
05/28/2025	TextByChoice					
Amount (\$)	Payee Address; City; State; Zip					
12.00	503 E. Jackson St. Ste 503					
Expenditure from	Tompo El 22602					
corporate funds	Tampa, FL 33602					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Fees for text service					
EXPENDITURE	lee tot text service					
Date	Payee name					
06/27/2025	TextByChoice					
Amount (\$)	Payee Address; City; State; Zip					
` '	503 E. Jackson St. Ste 503					
12.00						
Expenditure from corporate funds	Tampa, FL 33602					
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
OF EXPENDITURE	Fees fee for text service					
EXI ENDITORE						