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) 00086185 3 COMMITTEE NAME **OFFICE USE ONLY** Access Education Date Received **ELECTRONICALLY FILED** 07/28/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5900 BALCONES DR Date Hand-delivered or Date Postmarked **STE 100** Change of Address Austin, TX 78731 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Delaina NAME NICKNAME LAST **SUFFIX Bishop** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12105 Tanglebriar Trail STREET **ADDRESS** (Residence or Business) Austin, TX 78750 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5900 Balcones Drive MAILING **ADDRESS** Suite 100 Austin, TX 78731 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 545-8715 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** 04/27/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/03/2026 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME Access Education			13 Filer II 00086	
	<u> </u>		00080	163
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
	application of description by partyly			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	2 Officeholders			
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAI OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	N \$	0.00
	2. TOTAL POLITICA			
		DGES, LOANS, OR GUARANTEES OF LOANS	S)	1,809.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	559.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	AST DAY \$	7,322.82
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE \$	0.00
6 AFFIDAVIT	1			
6 / W 15/ (V)		I swear, or affirm, under penalty of true and correct and includes all under Title 15, Election Code.		
			Delaina Bisho	•
		Signature o	of Campaign Tr	easurer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		, this the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title o	f officer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 20
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
Ac	cess Ed	ducation	00086185	•	,
19.50	HEDIIII	E SUBTOTALS			
l		SCHEDULE		SUBTOTAL A	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,809.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				•	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ıR		
ļ ^{4.}	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
· ·		00112022 21 207110		4	
10	[√]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			559.71
10.	X	SCHEDOLETT. FOLHICAE EXPENDITORES FROM FOLHICAE CONTRIBOTION.	3	\$	559.71
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$	0.03
		TO FILER			
1					
1					
1					
l					

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/20	
2	FILER NAME Access Educ	cation			3	Filer ID (Ethics Commission 00086185	Filers)
4	Date 05/08/2025	5 Full name of contributor Berek, Kathy6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Round Rock, TX 78665					
8	Executive (E			Employer (See Instructions KCI Technologies, Inc.	s)		
	Date 06/08/2025	Full name of contributor Berek, Kathy Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Round Rock, TX 78665			L		
	Executive (E	pation / Job title (See Instructions Engineer)	(3)	Employer (See Instructions KCI Technologies, Inc.	5)		
	Date 05/15/2025	Full name of contributor Blackard, Patrick M Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Round Rock, TX 78681	,		<u></u>		
	Videographe	pation / Job title (See Instructions er	5)	Employer (See Instructions Self	5)		
	Date 06/15/2025	Full name of contributor Blackard, Patrick M Contributor address; City; Si	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Videographe	Round Rock, TX 78681 Pation / Job title (See Instructionser	s)	Employer (See Instructions Self	<u> </u> 5)		
	Date 05/17/2025	Full name of contributor Cord, Erin	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions tal educator a	(5)	Employer (See Instructions Travis Audubon	5)		
			-				

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/20	
2	FILER NAME Access Educ	cation			3	Filer ID (Ethics Commission 00086185	Filers)
4	Date 06/17/2025	5 Full name of contributor Cord, Erin6 Contributor address; City; Si	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5.00
8		Austin, TX 78750 pation / Job title (See Instructions tal educator a	s)	Employer (See Instructions Travis Audubon	5)		
	Date 05/13/2025	Full name of contributor Cristobal, Katherine Contributor address; City; S Austin, TX 78726	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$5.00
	Principal occu librarian	pation / Job title (See Instructions	s)	Employer (See Instructions university	<u> </u> S)		
	Date 06/13/2025	Full name of contributor Cristobal, Katherine Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78726 pation / Job title (See Instructions	. <u>,</u>	Employer (See Instructions	<u>-,</u>		
	librarian	pation / 300 the (See Instructions	')	university	-) 		
Date 05/11/2025		Full name of contributor Daigle, Scott Contributor address; City; S Austin, TX 78726	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Public Policy	pation / Job title (See Instructions	s)	Employer (See Instructions Texas Council for Deve		mental Disabilities	
	Date 06/11/2025	Full name of contributor Daigle, Scott Contributor address; City; S Austin, TX 78726	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Public Policy	pation / Job title (See Instructions Director	s)	Employer (See Instructions Texas Council for Deve		mental Disabilities	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/20	
2	FILER NAME Access Educ	eation			3	Filer ID (Ethics Commission 00086185	n Filers)
4	Date 05/15/2025	Darrouzet, Jennifer	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	Deire sin al access	Austin, TX 78759	la la	Farabasa (Garabasa)	<u></u>		
8	Software	pation / Job title (See Instructions)	9	Employer (See Instructions uStudio	5)		
	Date 06/15/2025	Darrouzet, Jennifer Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Software	,		uStudio	,		
	Date 05/18/2025	Full name of contributor	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Austin, TX 78759					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Qualcomm	5)		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$50.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Qualcomm	5)		
	Date 06/26/2025	Dean, James	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/20	
2	FILER NAME Access Educ	cation				3	Filer ID (Ethics Commission 00086185	n Filers)
4	Date 05/10/2025	6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$7.00
8	Dringinal accu	Round Rock, TX 78681 pation / Job title (See Instructions		۵	Employer (See Instructions	·/-		
0	Educational) 	9	HMH	o)		
	Date 06/10/2025	Full name of contributor Ferris, S Contributor address; City; S)		Amount of Contribution (\$)	\$7.00
	Dringing con	Round Rock, TX 78681 pation / Job title (See Instructions			Employer (See Instructions	', 		
	Educational) 		Employer (See Instructions HMH	o)		
	Date 05/18/2025	Full name of contributor Gogate, Mayuresh Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	5	Round Rock, TX 78681	`		- L (0 L) "	<u></u>		
	Engineer	pation / Job title (See Instructions	5)		Employer (See Instructions DELL EMC	5)		
	Date Full name of contributor out-of-state PAC (ID#: 06/18/2025 Gogate, Mayuresh Contributor address; City; State; Zip Code Round Rock, TX 78681)	•	Amount of Contribution (\$)	\$25.00		
	Principal occu Engineer	pation / Job title (See Instructions	;)		Employer (See Instructions DELL EMC	5)		
	Date 06/10/2025	Full name of contributor Gururaj, Suchi Contributor address; City; S Austin, TX 78750	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$130.00
	Principal occu Administrato	pation / Job title (See Instructions r	;)		Employer (See Instructions UT-Austin	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/20	
2	FILER NAME Access Educ	eation			3	Filer ID (Ethics Commission 00086185	n Filers)
4	Date 06/01/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$130.00
8		Round Rock, TX 78664 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Date 05/01/2025	Full name of contributor		Not Employed		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 06/01/2025	Full name of contributor out-of-state PAC (ID#: Gutierrez, Noe Contributor address; City; State; Zip Code	<u></u>)		Amount of Contribution (\$)	\$10.00
		Round Rock, TX 78681 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 06/19/2025	Full name of contributor		Not Employed		Amount of Contribution (\$)	\$110.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Hulsey, Cassandra Contributor address; City; State; Zip Code Round Rock, TX 78664				Amount of Contribution (\$)	\$130.00
	Principal occu Education A	pation / Job title (See Instructions) dministrator		Employer (See Instructions Hutto ISD	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/20	
2	FILER NAME Access Educ	cation			3	Filer ID (Ethics Commission 00086185	n Filers)
4	Date 05/09/2025	 5 Full name of contributor out-of-state PAC (IE Klekman, Jon 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78728					
8	Principal occu Analyst	pation / Job title (See Instructions)	9	Employer (See Instructions Teacher Retirement Sys		n	
	Date 06/09/2025	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Analyst	, , , , , , , , , , , , , , , , , , , ,		Teacher Retirement Sys		n	
	Date 05/17/2025	Full name of contributor out-of-state PAC (IE Li, XIAOQIN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Austin, TX 78759					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions ut	5)		
	Date 06/17/2025	Full name of contributor out-of-state PAC (IE Li, XIAOQIN Contributor address; City; State; Zip Code Austin, TX 78759				Amount of Contribution (\$)	\$30.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions ut	<u>l</u> S)		
	Date 05/12/2025	Full name of contributor out-of-state PAC (IE McDaniel, Angie Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Round Rock ISD	s)		
			1				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/20	
2	FILER NAME Access Educ	eation			3	Filer ID (Ethics Commission 00086185	ı Filers)
4	Date 06/12/2025	 Full name of contributor out-of-star McDaniel, Angie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal assu	Round Rock, TX 78664	lo.	Franks von (Cookstant)			
8	Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Round Rock ISD	5)		
	Date 05/22/2025	McNulty, Jeaneane)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not employe	d		Not employed			
	Date 06/22/2025	Full name of contributor out-of-sta McNulty, Jeaneane Contributor address; City; State; Zip Cod-	ate PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78728					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 05/05/2025	Molis, Rebecca)		Amount of Contribution (\$)	\$50.00
	Principal occu Program Ma	pation / Job title (See Instructions) nager		Employer (See Instructions Dell	5)		
	Date 06/05/2025	Molis, Rebecca)		Amount of Contribution (\$)	\$50.00
	Principal occu Program Ma	pation / Job title (See Instructions) nager		Employer (See Instructions Dell	5)		
			I				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/20	
2	FILER NAME Access Educ	cation			3	Filer ID (Ethics Commission 00086185	n Filers)
4	Date 05/26/2025	5 Full name of contributor	out-of-state PAC (ID#: ie; Zip Code		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Austin, TX 78728 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	retired teach			none	,		
	Date 06/26/2025	Full name of contributor Olphie, Sandra B Contributor address; City; Stat)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78728 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>		
	retired teach			none	,		
	Date 06/08/2025	Full name of contributor Parker, Lynne Contributor address; City; Stat	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$130.00
		Austin, TX 78729					
	Principal occu Operations	pation / Job title (See Instructions)		Employer (See Instructions Dell Technologies	s)		
	Date 05/10/2025	Full name of contributor Piner, Elizabeth Contributor address; City; Stat Austin, TX 78729	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 05/24/2025	Full name of contributor Piner, Elizabeth Contributor address; City; Stat Austin, TX 78729	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this forn	n.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/20	
2	FILER NAME Access Educ	ation			3	Filer ID (Ethics Commission 00086185	n Filers)
4	Date 06/10/2025	6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date 06/24/2025	Full name of contributor Piner, Elizabeth Contributor address; City; State Austin, TX 78729				Amount of Contribution (\$)	\$35.00
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Not Employe			Not Employed	,		
	Date 06/11/2025	Full name of contributor Reynolds, Claire Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$130.00
		Austin, TX 78729					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions State Bar of Texas	i)		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$65.00
	Principal occu Self-employe	pation / Job title (See Instructions)		Employer (See Instructions Renee Shively)		
	Date 06/05/2025	Full name of contributor Slavin, Carolyn Contributor address; City; State Austin, TX 78729	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$110.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions LISD	i)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/20	
2	FILER NAME Access Educ			3	Filer ID (Ethics Commission 00086185	Filers)
4	Date 05/23/2025	 Full name of contributor out-of-state PAC (ID#:_Vencill, Tony Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	9 Employer (See Instructions) ()		
_	Security Eng		Oracle	·)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_Vencill, Tony Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringinal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Security Engineer Oracle			')		
	Date 05/01/2025	Full name of contributor out-of-state PAC (ID#:_ Waelchli, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Austin, TX 78729				
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions AACNS	i)		
	Date 06/01/2025	Full name of contributor out-of-state PAC (ID#:_ Waelchli, Melissa Contributor address; City; State; Zip Code Austin, TX 78729			Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions AACNS)		

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to co	ages/Contract Labor nplete this form.	OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)		
Sch: 1/6 Rpt: 14/20	Access Education 00086185					
4 Date	5 Payee name					
04/27/2025	ActBlue					
6 Amount (\$)	7 Payee address; City; State; Zip Co	de				
\$2.39	P.O. Box 441146					
Expenditure from						
corporate funds	Somerville, MA 02144-0031					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Fees	<u> </u>	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense			
		ш	ocessing platform fee			
		ι αγιτιστιτ μι	ocessing platform rec			
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held			
expenditure to benefit C/OI		,				
Date	Payee name					
05/04/2025	ActBlue					
Amount (\$)	Payee address; City; State; Zip Co	1e				
\$0.80	P.O. Box 441146	uc				
φ0.60	F.O. BOX 441140					
Expenditure from corporate funds	Somerville, MA 02144-0031					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Fees	<u> </u>	el outside of Texas. Complete Schedule T.			
EXI ENDITORE		ш	tin, TX, officeholder living expense			
		Payment pr	ocessing platform fee			
Complete ONLY if direct	Candidate/Officeholder name Office sou	nht .	Office held			
expenditure to benefit C/OI		grit.	Office field			
Dete						
Date	Payee name					
05/11/2025	ActBlue					
Amount (\$)	Payee address; City; State; Zip Co	de				
\$5.44	P.O. Box 441146					
Expenditure from						
corporate funds	Somerville, MA 02144-0031					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Fees		el outside of Texas. Complete Schedule T.			
			tin, TX, officeholder living expense ocessing platform fee			
		ι αγιπετιί μι	oscosing platform fee			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held			
expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 2/6 Rpt: 15/20	Access Education 00086185					
4 Date	5 Payee name					
05/18/2025	ActBlue					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$6.74	P.O. Box 441146					
Expenditure from						
corporate funds	Somerville, MA 02144-0031					
8 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 Payment processing platform fee					
	ayment processing platform ree					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/Ol						
Date	Dougo nama					
	Payee name					
05/25/2025	ActBlue					
Amount (\$)	Payee address; City; State; Zip Code					
\$2.19	P.O. Box 441146					
Expenditure from						
corporate funds	Somerville, MA 02144-0031					
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					
	Payment processing platform fee					
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Dete						
Date	Payee name					
06/01/2025	ActBlue					
Amount (\$)	Payee address; City; State; Zip Code					
\$5.94	P.O. Box 441146					
Expenditure from						
corporate funds	Somerville, MA 02144-0031					
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					
	Payment processing platform fee					
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpense Vages/	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 3/6 Rpt: 16/20	l	Access Edu							00086185	,
4	Date	5	Payee name					-			
	06/08/2025		ActBlue								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$19.58		P.O. Box 44	11146							
	Expenditure from corporate funds		Somerville,	MA 02144-0031							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description			
l	OF EXPENDITURE		Fees					<u> </u>		de of Texas. Comp	
l								Payment prod		officeholder living	
l								r ayment proc	,00	onig plationi	1100
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	0	office sou	ght			Office he	ld
L											
l	Date		Payee name								
	06/15/2025		ActBlue								
	Amount (\$)	Payee address; City; State; Zip Code									
	\$15.72	\$15.72 P.O. Box 441146									
l_	1 Evpanditura from										
	Expenditure from corporate funds		Somerville,	MA 02144-0031							
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description			
l	OF EXPENDITURE		Fees							de of Texas. Comp	
l	EXI ENDITORE							ш		officeholder living	
								Payment prod	es	sing piatiom	i iee
\vdash	Complete ONLY if direct		andidate/Offi	ceholder name	0	office sou	ght			Office he	ld
	expenditure to benefit C/O	+									
	Date	l	Payee name								
L	06/22/2025		ActBlue								
	Amount (\$)	l	Payee addre	-	State;	Zip Co	de				
	\$9.11		P.O. Box 44	11146							
	Expenditure from corporate funds		Somerville,	MA 02144-0031							
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description			
l	OF EXPENDITURE		Fees							de of Texas. Comp	
	ZA ERDITORE							ш		officeholder living	•
								Payment prod	es	sing platform	ı i ce
\vdash	Complete ONII V if direct	oxdot	andideta/Off	achaldar rassas		office as:	ab+			Office I	ld
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										

SCHEDULE F1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schodule F1:	,					
1 Total pages Schedule F1: Sch: 4/6 Rpt: 17/20	2 FILER NAME Access Education 3 Filer ID (Ethics Commission Filers) 00086185					
4 Date	5 Payee name					
06/29/2025	ActBlue					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$5.94	P.O. Box 441146					
Expenditure from						
corporate funds	Somerville, MA 02144-0031					
8 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.					
EXI ENDITORE	Check if Austin, TX, officeholder living expense					
	Payment processing platform fee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experiorare to benefit C/O						
Date	Payee name					
05/01/2025	Google					
Amount (\$)	Payee address; City; State; Zip Code					
\$76.75						
Expenditure from corporate funds	Mountain View, CA 94043					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
	Check if Austin, TX, officeholder living expense					
	Google work suite					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
06/01/2025	Google					
Amount (\$)	Payee address; City; State; Zip Code					
\$76.75	1600 Amphitheatre Pkwy.					
Expenditure from						
corporate funds	Mountain View, CA 94043					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
LAI LINDITURE	Check if Austin, TX, officeholder living expense					
	Google work suite					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
orportantile to borrow orott						

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
Sch: 5/6 Rpt: 18/20	Access Education 00086185					
4 Date	5 Payee name					
05/08/2025	Mailchimp					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$28.25	675 Ponce de Leon Ave NE					
	Suite 5000					
Expenditure from						
corporate funds	Atlanta, GA 30308					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Communication platform					
	Communication platform					
O Commission Chill V if all	Condidate/Officeholder name					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
3						
Date	Payee name					
06/08/2025	Mailchimp					
Amount (\$)	Payee address; City; State; Zip Code					
\$28.25	675 Ponce de Leon Ave NE					
+23120	Suite 5000					
Expenditure from						
corporate funds	Atlanta, GA 30308					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Office Overhead/Rental Expense					
	Check if Austin, TX, officeholder living expense					
	Communication platform					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/02/2025	Slack					
Amount (\$)	Payee address; City; State; Zip Code					
\$111.93						
,						
Expenditure from	San Francisco CA 0410F					
corporate funds	San Francisco, CA 94105					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
-	Communication platform					
	Communication platform					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
orportantile to borrow orott						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 6/6 Rpt: 19/20	Access Education	00086185				
4 Date	5 Payee name	I				
06/02/2025	Slack					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$93.57	500 Howard St					
Expenditure from corporate funds	San Francisco, CA 94105					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	·	Check if Austin, TX, officeholder living expense				
		Communication platform				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught Office held				
<u> </u>						
Date	Payee name					
05/24/2025	Wordpress					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$35.18	60 29th St #343					
Expenditure from						
corporate funds	San Francisco, CA 94110-4929					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Website charges				
		Trobotto Changes				
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held				
expenditure to benefit C/O		-9···				
Date	Payee name					
06/24/2025	Wordpress					
Amount (\$)	Payee address; City; State; Zip Co	odo				
\$35.18	60 29th St #343	oue				
Ψ33.16	33 2311 31 11043					
Expenditure from	San Erancisco, CA 0/110 /020					
corporate funds	San Francisco, CA 94110-4929	las				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense				
		Website charges				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held				
expenditure to benefit C/O	expenditure to benefit C/OH					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/20 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Access Education 00086185 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2025 \$0.03 University Federal Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78766 Purpose for which amount is received Check if political contribution returned to filer Dividend/Interest credit