

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00090258		2 Total pages filed: 5		OFFICE USE ONLY	
3 FILER NAME Resources Legacy Fund				Date Received ELECTRONICALLY FILED 11/04/2025	
4 ORIGINAL REPORT TYPE		☐ January 15 ☐ July 15 ☐ 30th day before election ☒ 8th day before election		☐ Runoff ☐ 10th day after campaign treasurer resignation ☐ Dissolution report ☐ Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2025		Month Day Year 10/25/2025	
		THROUGH		Date Imaged	

6 EXPLANATION OF CORRECTION
Amended to update expenditure total

7 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.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 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**

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090258	2 Total pages filed: 5	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 11/04/2025	
	NICKNAME LAST SUFFIX Resources Legacy Fund			
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE c/o 2350 Kerner Blvd., Ste. 250 San Rafael, CA 94901		Date Hand-delivered or Date Postmarked	
	5 FILER PHONE AREA CODE PHONE NUMBER EXTENSION (415) 389-6800		Receipt # Amount	
6 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ July 15 ☒ 8th day before election ☐ Runoff		Date Processed	
	7 PERIOD COVERED Month Day Year 07/01/2025 THROUGH 10/25/2025		Date Imaged	
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other ☒ General ☐ Special	
	9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.)		A. Supported Ballot ID:4 Election Date:2025-11-05 Desc:Proposition 4 - HJR 7		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
GO TO PAGE 2				

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Resources Legacy Fund		11 Filer ID (Ethics Commission Filers) 00090258
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 2,174.04

13 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 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

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
4 of 5

14 FILER NAME Resources Legacy Fund		15 Filer ID (Ethics Commission Filers) 00090258	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. ☒ SCHEDULE F1: POLITICAL EXPENDITURES		\$ 2,174.04	
2. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
3. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	

POLITICAL EXPENDITURES

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Resources Legacy Fund	3 Filer ID (Ethics Commission Filers) 00090258
4 Date 10/25/2025	5 Payee name Tynan, John	
6 Amount (\$) \$2,174.04 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code c/o 2350 Kerner Blvd., Ste. 250 San Rafael, TX 94901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. Pro-rated compensation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held