

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

|  |  |   |  |                                |          |      |
|--|--|---|--|--------------------------------|----------|------|
| The SPAC Instruction Guide explains how to complete this form.   |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00089352  | 2 Total pages filed:<br>6  |                                |          |      |
| 3 COMMITTEE NAME<br>Vote For Celina ISD  |  | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/15/2026<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # <input type="text"/> Amount <input type="text"/><br><br>Date Processed<br><br>Date Imaged |  |                                |          |      |
| 4 COMMITTEE ADDRESS<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 33<br><br>Celina, TX 75009 |  |   |  |                                |          |      |
|  |  |   |  |                                |          |      |
|  |  |   |  |                                |          |      |
|  |  |   |  |                                |          |      |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><br>Meredith  |   |  | MI                             |          |      |
|  | NICKNAME<br><br>Settle   | SUFFIX  |  |                                |          |      |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE);<br>803 West Ash Street<br><br>Celina, TX 75009  | APT / SUITE #;  | CITY;  | STATE;                         | ZIP CODE |      |
| 7 CAMPAIGN TREASURER MAILING ADDRESS   | STREET OR PO BOX;<br>803 West Ash Street<br><br>Celina, TX 75009                   | APT / SUITE #;  | CITY;  | STATE;                         | ZIP CODE |      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>(214) 991-1171  | PHONE NUMBER  | EXTENSION  |                                |          |      |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15<br><input type="checkbox"/> July 15 | <input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election<br><input type="checkbox"/> Runoff  | <input type="checkbox"/> Exceeded modified reporting limit<br><input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> 10th day after campaign treasurer termination |                                |          |      |
| 10 PERIOD COVERED  | Month<br>07/01/2025  | Day   | Year   | Month<br>12/31/2025            | Day      | Year |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>05/03/2025                                      | ELECTION TYPE<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> Special   |  | <input type="checkbox"/> Other |          |      |

**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

|  |   |   |   |
|--|---|---|---|
| <b>12 COMMITTEE NAME</b><br>Vote For Celina ISD  |   | <b>13 FILER ID</b> (Ethics Commission Filers)<br>00089352 |   |
| <b>14 COMMITTEE PURPOSE</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <input type="checkbox"/> Candidate<br><input type="checkbox"/> Officeholder   | CANDIDATE / OFFICEHOLDER NAME                             |   |
|  |   | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)    |   |
|  | <input checked="" type="checkbox"/> SUPPORT<br>(Candidate or Measure)<br><br><input type="checkbox"/> OPPOSE<br>(Candidate or Measure)<br><br><input type="checkbox"/> ASSIST<br>(Officeholder) | <input checked="" type="checkbox"/> Measure               | BALLOT IDENTIFICATION / #                     |
|  |   |   | ELECTION DATE<br>Month Day Year<br>05/03/2025 |
| <b>15 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED                                     | \$ \$0.00   |   |
|  | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ \$0.00   |   |
| <b>EXPENDITURE TOTALS</b>  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ \$0.00   |   |
|  | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ \$124.00   |   |
| <b>CONTRIBUTION BALANCE</b>  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ \$9,400.56   |   |
| <b>OUTSTANDING LOAN TOTALS</b>   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ \$0.00   |   |

**16 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.

Meredith Settle

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

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 6

|   |  |
|---|--|
| <b>17</b> COMMITTEE NAME<br>Vote For Celina ISD   | <b>18</b> Filer ID<br>(Ethics Commission Filers)<br>00089352 |
| <b>19</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   |  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                 |  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   |  |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR<br>ORGANIZATION               |  |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR<br>LABOR ORGANIZATION |  |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                    |  |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS   |  |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                 |  |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                          |  |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |  |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                     |  |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                        |  |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER      |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment   | 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:<br>Sch: 1/3 Rpt: 4/6       | 2 FILER NAME<br>Vote For Celina ISD  | 3 Filer ID (Ethics Commission Filers)<br>00089352   |             |
| 4 Date<br>07/31/2025                                  | 5 Payee name<br>First State Bank   |   |             |
| 6 Amount (\$)<br>\$5.00                               | 7 Payee address; City;<br>PO Box 10<br><br>Gainesville, TX 76241                       | State; Zip Code   |             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>bank service fee |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   | Office held |
| Date<br>08/29/2025                                    | Payee name<br>First State Bank   |   |             |
| Amount (\$)<br>\$5.00                                 | Payee address; City;<br>PO Box 10<br><br>Gainesville, TX 76241                         | State; Zip Code   |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank service fee |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   | Office held |
| Date<br>09/30/2025                                    | Payee name<br>First State Bank   |   |             |
| Amount (\$)<br>\$5.00                                 | Payee address; City;<br>PO Box 10<br><br>Gainesville, TX 76241                         | State; Zip Code   |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank service fee |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   | Office held |

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| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment   | 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:<br>Sch: 2/3 Rpt: 5/6       | 2 FILER NAME<br>Vote For Celina ISD  | 3 Filer ID (Ethics Commission Filers)<br>00089352   |
| 4 Date<br>10/31/2025                                  | 5 Payee name<br>First State Bank   |   |
| 6 Amount (\$)<br>\$5.00                               | 7 Payee address; City;<br>PO Box 10<br><br>Gainesville, TX 76241                       | State; Zip Code   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank service fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   |
| Date<br>11/28/2025                                    | Payee name<br>First State Bank   | Office held   |
| Amount (\$)<br>\$5.00                                 | Payee address; City;<br>PO Box 10<br><br>Gainesville, TX 76241                         | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank service fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   |
| Date<br>12/31/2025                                    | Payee name<br>First State Bank   | Office held   |
| Amount (\$)<br>\$5.00                                 | Payee address; City;<br>PO Box 10<br><br>Gainesville, TX 76241                         | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank service fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   |

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## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | 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:<br>Sch: 3/3 Rpt: 6/6          | 2 FILER NAME<br>Vote For Celina ISD   | 3 Filer ID (Ethics Commission Filers)<br>00089352   |             |
| 4 Date<br>07/18/2025                                     | 5 Payee name<br>Settle, Meredith  |   |             |
| 6 Amount (\$)<br>\$94.00                                 | 7 Payee address; City; State; Zip Code<br><br>REDACTED PER 254.0401, ELEC. CODE<br><br>Celina, TX 75009 |   |             |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Post Office box rental (6 mos) |             |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought   | Office held |