

**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 (Ethics Commission Filers) 00085446	2 Total pages filed: 7			
3 COMMITTEE NAME Vote Yes For RISD Kids		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged				
4 COMMITTEE ADDRESS  9225 Royalpine Drive  Dallas, TX 75238						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.			FIRST Mark B.	MI	
	NICKNAME .....	LAST Holmes	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 9225 Royalpine Drive  Dallas, TX 75238		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 9225 Royalpine Drive  Dallas, TX 75238					
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 549-0783					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination					
10 PERIOD COVERED	Month 10/26/2025	Day	Year	Month 10/26/2025	Day	Year 01/15/2026
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special				

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

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Vote Yes For RISD Kids		<b>13 FILER ID</b> (Ethics Commission Filers) 00085446	
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / #
			ELECTION DATE Month Day Year 11/04/2025
<b>15 CONTRIBUTION TOTALS</b>	DESCRIPTION Richardson ISD Bond Election		
	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED		
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
<b>16 AFFIDAVIT</b>			
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.			
Mr. Mark B. Holmes _____ 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	
_____ Signature of officer administering oath		_____ Title of officer administering oath	

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
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<b>17</b> COMMITTEE NAME Vote Yes For RISD Kids	<b>18</b> Filer ID (Ethics Commission Filers) 00085446
<b>19</b> SCHEDULE SUBTOTALS 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 ORGANIZATION	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 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: Sch: 1/2 Rpt: 4/7	2 FILER NAME Vote Yes For RISD Kids	3 Filer ID (Ethics Commission Filers) 00085446
4 Date 11/03/2025	5 Payee name Install Connect	
6 Amount (\$) \$1,200.00	7 Payee address; City; State; Zip Code 505 W. State St.  Garland, TX 75040	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Day Polls Sign Install
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Thomas Buck Studio	
Amount (\$) \$807.50	Payee address; City; State; Zip Code 10606 Wyatt Street  Dallas, TX 75218	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design for Mail and Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name co/efficient	
Amount (\$) \$4,700.00	Payee address; City; State; Zip Code 5100 Main Street  Kansas City, MO 64112	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EV Text Reminder
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# 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: Sch: 2/2 Rpt: 5/7	2 FILER NAME Vote Yes For RISD Kids	3 Filer ID (Ethics Commission Filers) 00085446
4 Date 10/31/2025	5 Payee name co/efficient	
6 Amount (\$) \$3,371.80	7 Payee address; City; 5100 Main Street  Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EV Last Day Text
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/03/2025	Payee name co/efficient	
Amount (\$) \$3,741.30	Payee address; City; 5100 Main Street  Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ED Reminder Text
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/04/2025	Payee name co/efficient	
Amount (\$) \$3,513.30	Payee address; City; 5100 Main Street  Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ED Day of Text
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 1/1 Rpt: 6/7	2 FILER NAME Vote Yes For RISD Kids	3 Filer ID (Ethics Commission Filers) 00085446
4 Date 01/15/2026	5 Payee name Richardson ISD Foundation	
6 Amount (\$) 4,304.20	7 Payee Address; City; State; Zip 400 S. Greenville Suite 106 Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Donation of remaining funds to Richardson ISD Foundation. A 501(c)(3) tax exempt corporation.	(b) Description (See instructions regarding type of information required.) Donation of remaining funds to Richardson ISD Foundation. A 501(c)(3) tax exempt corporation.

**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC-DR**

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**The Instruction Guide explains how to complete this form. \*\*Complete only if "Report Type" on page 1 is marked "Dissolution" \*\***

<b>1</b> COMMITTEE NAME	<b>2</b> Filer ID (Ethics Commission Filers)
Vote Yes For RISD Kids	00085446

**3 Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Mr. Mark B. Holmes

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED**

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