

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00084685	2 Total pages filed: 8	OFFICE USE ONLY	
3 COMMITTEE NAME Community for Friendswood ISD	Date Received ELECTRONICALLY FILED 04/08/2026		
4 TREASURER NAME Clary, Andrea M. (Mrs.)	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year 11/04/2025	THROUGH	Month Day Year 12/31/2025

7 EXPLANATION OF CORRECTION
 The original report was submitted as a dissolution by mistake. We did not dissolve the PAC and are still using it for the upcoming May election. When I updated the report in 2026 I thought I had made the corrections to it but was told yesterday that it was still not showing correctly so I am redoing it again today.

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. Andrea Clary

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**

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) 00084685	2 Total pages filed: 8
3 COMMITTEE NAME Community for Friendswood ISD		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 04/08/2026	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	133 N. Friendswood Dr. #238 Friendswood, TX 77546		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Andrea M.	
	NICKNAME	LAST	SUFFIX
	Annie	Clary	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	613 Woodview Friendswood, TX 77546		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	613 Woodview Friendswood, TX 77546		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	247-1577	
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 type="checkbox"/> Dissolution (Attach PAC-DR)
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	11/04/2025		12/31/2025
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	11/04/2025	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Community for Friendswood ISD		13 Filer ID (Ethics Commission Filers) 00084685		
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder <input checked="" type="checkbox"/> Measure	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
		BALLOT IDENTIFICATION / # FISD Bonds		ELECTION DATE Month Day Year 11/04/2025
		DESCRIPTION FISD Bonds A, B, C and D		
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED		\$ \$0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ \$2,420.49	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ \$0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ \$6,596.28	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ \$4,934.46	
OUTSTANDING LOAN TOTALS	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.

 Mrs. Andrea M. Clary
 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

17 COMMITTEE NAME Community for Friendswood ISD	18 Filer ID (Ethics Commission Filers) 00084685
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19 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,020.49
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	\$ 896.76
9. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,699.52
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 TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/8
2 FILER NAME Community for Friendswood ISD		3 Filer ID (Ethics Commission Filers) 00084685
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Contributions <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Gary and Lynda <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/8	
2 FILER NAME Community for Friendswood ISD		3 Filer ID (Ethics Commission Filers) 00084685	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/06/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banfield, Brett	8 Amount of contribution (\$) \$2,020.49	9 In-kind contribution description Donated the new political signs to the PAC
	7 Contributor address; City; State; Zip Code Friendswood, TX 77546	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/1 Rpt: 7/8	2 FILER NAME Community for Friendswood ISD	3 Filer ID (Ethics Commission Filers) 00084685
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4 Date 11/04/2025	5 Payee name Hartlib, Laura
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6 Amount (\$) \$689.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Friendswood, TX 77546
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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 reimburse laura for yard signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2025	Payee name Julie, Sims
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Amount (\$) \$207.26 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Friendswood, TX 77546
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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 polling location postcards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F2: Sch: 1/1 Rpt: 8/8	2 FILER NAME Community for Friendswood ISD	3 Filer ID (Ethics Commission Filers) 00084685
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11/04/2025	6 Payee name Election Support Services
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7 Amount (\$) \$5,699.52	8 Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 text messages
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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