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): 93-3186934

2 Total pages filed: 8

OFFICE USE ONLY

Date Received

RECEIVED
2:47 pm
OCT 10 2023
BUSINESS OPERATIONS

Date Hand Delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 COMMITTEE NAME: YES FOR HEBISD 2023

4 COMMITTEE ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[redacted]
BEDFORD TX 76021

5 CAMPAIGN TREASURER NAME
MS / MRS / MR (MR) FIRST ARLEN MI K.
NICKNAME EWART LAST SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[redacted]
BEDFORD TX 76021

7 CAMPAIGN TREASURER MAILING ADDRESS
☐ Change of Address
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
SAME AS #6

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(214) 912 - 1158

9 REPORT TYPE
☐ January 15
☐ July 15
☒ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ Dissolution Report (Attached PAC-FR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 8/30/23 THROUGH Month Day Year: 9/28/23

11 ELECTION
ELECTION DATE: Month Day Year: 11/7/23
ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other
☒ General ☐ Special Description

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
YES FOR HEBISD 2023

13 Filer ID (Ethics Commission Filers)
93-3186934

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

- [ ] CANDIDATE
- [ ] OFFICEHOLDER
- [x] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)
- [x] MEASURE

CANDIDATE/OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION/#

ELECTION DATE (Month / Day / Year)
11 / 7 / 23

DESCRIPTION
#997,300,000 BOND FOR Rebuild of Schools & TECHNOLOGY

15 CONTRIBUTION TOTALS

1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$

EXPENDITURE TOTALS

3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 8000.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 7012.17

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 987.83

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 SIGNATURE

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 Campaign Treasurer (Declarant)

ROBYN WHITNEY
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 06/21/24
NOTARY ID 12496417-3

AFFIX NOTARY STAMP/SEAL ABOVE

Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me, by the said Arlene Ewart, this the 10th day of October, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Robyn Whitney — Printed name of officer administering oath — Notary Public — Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
YES FOR HEBISD 2023	93-3186934

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,000.00
2.	☐	SCHEDULE A2 : NON-MONETARY (IN KIND) POLITICAL CONTRIBUTIONS	$ 6,000.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.	☐	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$
7.	☐	SCHEDULE E: LOANS	$
8.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 7,012.17
9.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
10.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
11.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
12.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
13.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
14.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME: YES FOR HEBISD 2023

3 Filer ID (Ethics Commission Filers): 93-31966934

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/6/23	BRAD & ELLEN JONES [redacted], EULESS TX 76040	500.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/12/23	JAMES & WYNETTE GRIFFIN [redacted], BEDFORD TX 76021	250.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/12/23	TERRY & KIMBERLEE SMITH [redacted], BEDFORD, TX 76021	500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/14/23	KATHERINE MILLER [redacted], BEDFORD TX 76021	500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME: YES FOR HEBISD 2023

3 Filer ID (Ethics Commission Filers): 93-3186934

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution ($)
9/25/23	JEREMY TOMPKINS	250.00
	6 Contributor address; City; State; Zip Code: [redacted] Euless, TX 76040	

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code:	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code:	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code:	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1: 1

2 FILER NAME: YES FOR HEBISD 2023

3 Filer ID (Ethics Commission Filers): 93-3186934

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution ($)
9/13/23	CORGAN ASSOCIATES, INC. [redacted] DALLAS TX 76095	5000.00
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)
9/28/23	THE CHAMBER HEB [redacted] BEDFORD, TX 76095	1000.00
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	YES FOR HEBISD 2023	93-3186934

4 Date	5 Payee name
9/12/23	UNITED STATES POSTAL SERVICE

6 Amount ($)	7 Payee address; City; State; Zip Code
55.00	1300 HARWOOD RD., BEDFORD TX 76021

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	RENTAL EXPENSE	P.O. BOX RENTAL

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
9/12/23	OFFICE DEPOT OFFICE MAX

Amount ($)	Payee address; City; State; Zip Code
37.17	201 S. INDUSTRIAL BLVD., EULESS, TX 76046

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	PRINTING ADVERTISING MATERIAL

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
9/14/23	LENDAN COMMUNICATIONS MARKETING SERVICES

Amount ($)	Payee address; City; State; Zip Code
4671.25	1108 DANBURY DR., MANSFIELD, TX 76063

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	MARKETING EXPENSE	MARKETING SIGNS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	YES FOR HEBISD 2023	93-3186934

4 Date	5 Payee name
9/15/23	HURST RECREATIONAL CENTER

6 Amount ($)	7 Payee address; City; State; Zip Code
125.00	700 MARY DR., HURST TX 76053

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): EVENT EXPENSE

(b) Description: MEETING ROOM FOR PAC MEETING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name
9/26/23	LENDAN COMMUNICATIONS MARKETING SERVICES

Amount ($)	Payee address; City; State; Zip Code
1623.75	1108 DANBURY DR., MANSFIELD, TX 76063

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): MARKETING EXPENSES

Description: SIGNS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date	Payee name
9/15/23	HURST RECREATION CENTER

Amount ($)	Payee address; City; State; Zip Code
300.00	700 MARY DR., HURST TX 76053

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): DEPOSIT

Description: DEPOSIT ON EVENT ROOM

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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