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:

3 COMMITTEE NAME: YES FOR HEBISD 2023

OFFICE USE ONLY

Date Received

RECEIVED
4:21 PM
OCT 3 0 2023
BUSINESS OPERATIONS

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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 | FIRST: ARLEN | MI: K.
NICKNAME | LAST: EWART | 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: 9/29/23 THROUGH Month Day Year: 10/29/23

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.)

- [ ] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [ ] CANDIDATE
- [ ] 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)	$ 24,980.96
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 13652.72
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 13652.72
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 12316.07
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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:

Sworn to and subscribed before me, by the said Albert K. Ewart, this the 30th day of October, 20 23, to certify which, witness my hand and seal of office.

Robyn Whitney — Robyn Whitney — Notary Public

Signature of officer administering oath | Printed name of officer administering oath | 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 _____ (month), 20_____ (year).

_____

Signature of Campaign Treasurer (Declarant)

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	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: 3

2 FILER NAME: YES FOR HEB ISD 2023

3 Filer ID (Ethics Commission Filers): 93-31869 34

4 Date: 10/11/23

5 Payee name: LEDAN Communications MARKETING SERVICES

6 Amount ($): $ 6116.13

7 Payee address; City; State; Zip Code: 1108 DANBURY DR. MANSFIELD, TX 76063

8 PURPOSE OF EXPENDITURE

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

(b) Description: LARGE SIGNS

(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: 10/16/23

Payee name: LEDAN Communications MARKETING SERVICES

Amount ($): $ 730.69

Payee address; City; State; Zip Code: 1108 DANBURY DR. MANSFIELD TX 76063

PURPOSE OF EXPENDITURE

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

Description: PUSH CARDS

☐ 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: 10/23/23

Payee name: INSTALL CONNECT

Amount ($): $ 1500.00

Payee address; City; State; Zip Code: 505 W. STATE ST., GARLAND TX 75040

PURPOSE OF EXPENDITURE

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

Description: INSTALL/TEARDOWN 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)
3	YES FOR HEBISD 2023	93-3186934

4 Date	5 Payee name
10/23/23	LENDAN COMMUNICATION MARKETING SERVICES

6 Amount ($)	7 Payee address; City; State; Zip Code
$259.80	1108 DANBURY DR. MANSFIELD TX 76063

8 PURPOSE OF EXPENDITURE

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

(b) Description: BANNERS

(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
10/26/23	HEBISD

Amount ($)	Payee address; City; State; Zip Code
$18.00	1849 CENTRAL DR., BEDFORD TX 76022

PURPOSE OF EXPENDITURE

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

Description: OPEN RECORDS REQUEST

☐ 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
10/27/23	MID CITIES FINE ARTS FOUNDATION

Amount ($)	Payee address; City; State; Zip Code
$90.00	108 PAT'S COURT, WEATHERFORD, TX 76087

PURPOSE OF EXPENDITURE

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

Description: BOOTH @ TRINITY HS CRAFT FAIR

☐ 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: 3

2 FILER NAME: YES FOR HERBISD 2023

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

4 Date: 10/27/23

5 Payee name: ACADEMY - REIMBOURSEMENT TO ELLEN JONES

6 Amount ($): $238.10

7 Payee address; City; State; Zip Code: 1523 W. STATE HWY 114, GRAPEVINE TX 76051

8 PURPOSE OF EXPENDITURE

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

(b) Description: CANOPYS & WEIGHTS FOR Polling Booths

(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: 10/27/23

Payee name: HURST RECREATIONAL CENTER

Amount ($): ($300.00)

Payee address; City; State; Zip Code: 700 MARY DR. HURST TX 76053

PURPOSE OF EXPENDITURE

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

Description: REFUND DEPOSIT ON MEETING 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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Date: 10/27/23

Payee name: SPEAKEASY POLITICAL INC

Amount ($): $5000.00

Payee address; City; State; Zip Code: 1502 VAN NESS AVE, FLOOR 3 SAN FRANCISCO, CA 94109

PURPOSE OF EXPENDITURE

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

Description: DIGITAL GOTV PUSH

☐ 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

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 / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10/2/23	ROBERT & LISA PREVENSLEK [redacted], BEDFORD TX 76021	$50.00

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 ($)
10/4/23	GARY HAMILTON [redacted] BEDFORD TX 76021	$150.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/11/23	NATALIE & SALVATORE CARUSO III [redacted] HURST TX 76054	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/18/23	MIKE HARRIS [redacted] BEDFORD TX 76021	$250.00

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.**

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1 Total pages Schedule A1: 2

2 FILER NAME

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

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
10/16/23	PAYPAL (UNKNOWN DONOR) 6 Contributor address; City; State; Zip Code	$0.96
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)	

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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: 2

2 FILER NAME: YES. FOR HEB ISD 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 ($)
10/2/23	JUERIS GENERAL CONTRACTORS [redacted] SAN ANTONIO, TX 78279	$10,000.00
10/11/23	MILLER SIERRA CONTRACTORS INC. [redacted] EULESS TX 76040	$2,500.00
10/12/23	ABLE ELECTRIC SERVICES INC [redacted] DALLAS TX 75354-0606	$1,000.00
10/17/23	3D MECHANICAL PLUMBING INC [redacted] KAUFMAN TX 75142-1311	$1,500.00
10/20/23	WALKER DRYWALL, LLC [redacted] FORT WORTH TX 76126	$3,000.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

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1 Total pages Schedule C1: 2

2 FILER NAME: Yes for HERISD 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 ($)
10/20/23	ANDREOLA TERRAZZO & RESTORATION INC [redacted], DALLAS TX 75235	$1,000.00
10/23/23	HUCKABEE & ASSOCIATES, INC [redacted], FORT WORTH TX 76102	$3,500.00
10/23/23	ONE SOURCE COMMERCIAL FLOORING LLC [redacted], PLANO TX 75074	$2,000.00
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED