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: 6

3 COMMITTEE NAME: YES FOR HEBISD 2023

OFFICE USE ONLY

Date Received

RECEIVED
2:59 PM
DEC 20 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

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

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		Month	Day	Year
10	29	23	THROUGH	12	12	23

11 ELECTION

ELECTION DATE: Month 11 / Day 7 / Year 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

13 Filer ID (Ethics Commission Filers)

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

- [X] 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)	$ 2,926.45
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 15243.02
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00
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.

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

Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert K. Ewart, this the 20th day of December 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)

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.	☐	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
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	$ 2,926.95
6.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$
7.	☐	SCHEDULE E: LOANS	$
8.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 12,316.07
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	$

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)
2 OF 2	YES FOR HEBISD 2023	93-3196934

Expenditure 1

4 Date	5 Payee name			
11/7/23	BOURBON STREET BAR & GRILL			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
2646.59	1833 AIRPORT FREEWAY	BEDFORD	TX	76021

8 PURPOSE OF EXPENDITURE

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

(b) Description: APPRECIATION MEETING FOR VOLUNTEERS

(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:

Expenditure 2

Date	Payee name			
11/29/23	SWITCHBOARD PUBLIC BENEFIT CORP			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
176.69	P.O. BOX 33485 WASHINGTON, DISTRICT OF COLUMBIA, 20033			

PURPOSE OF EXPENDITURE

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

Description: SWITCHBOARD MESSAGING

☐ 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:

Expenditure 3

Date	Payee name			
12/12/23	HURST EULESS BEDFORD ISD EDUCATION FOUNDATION			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
7,752.62	2816 BEDFORD RD.	BEDFORD	TX	76021

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONTRIBUTION DONATION MADE BY CANDIDATE/OFFICEHOLDER/POLITICAL COMMITTEE

Description: DONATION TO RAISE AND AWARD PRIVATE FUNDS AND COMMUNITY RESOURCES TO SUPPORT HEBISD Commitment to Excellence IN EDUCATION

☐ 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	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 OF 2	YES FOR HEBISD 2023	93-31866934

4 Date: 10/31/23

5 Payee name: ACADEMY SPORTS

6 Amount ($): 108.24

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): POLLING EXPENSE

(b) Description: CANOPY FOR POLLING

(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: 11/6/23

Payee name: SWITCHBOARD PUBLIC BENEFIT CORP

Amount ($): 1281.93

Payee address; City; State; Zip Code: P.O. BOX 33485 WASHINGTON, DISTRICT OF COLUMBIA, 20033

PURPOSE OF EXPENDITURE

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

Description: SWITCHBOARD MESSAGING

☐ 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: 11/1/23

Payee name: LONE STAR CAMPAIGN MANAGEMENT

Amount ($): 350.00

Payee address; City; State; Zip Code: 312 RAMBLING CT, EULESS TX 76039

PURPOSE OF EXPENDITURE

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

Description: GOTV DIGITAL & SMS Consulting

☐ 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

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

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 C2: 1 OF 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 $	8 In-kind contribution description
10/31/23	J.B. MARTIN BUSINESS PRODUCTS LTD , BEDFORD TX 76021	500.00	VOTE YES FOR HEBISD T-SHIRTS ☐ Check if travel outside of Texas. Complete Schedule T.
10/31/23	TEXAS STAR PARKWAY EULESS TX 76040	176.95	EVENT EXPENSES ROOM RENTAL AND SNACKS ☐ Check if travel outside of Texas. Complete Schedule T.
10/31/23	HUCKABEE INC FORT WORTH TX 76102	750.00	ADVERTISING GRAPHIC DESIGN ☐ Check if travel outside of Texas. Complete Schedule T.
10/31/23	CORGAN ASSOCIATES INC DALLAS TX 75202	1500.00	ADVERTISING GRAPHICS ☐ Check if travel outside of Texas. Complete Schedule T.
			☐ Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED