

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)

2 Total pages filed:

13

3 COMMITTEE NAME

Our Kids Our Future

OFFICE USE ONLY

Date Received

RECEIVED

OCT 04 2021

Board of Education

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

10-4-2021

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

3824 Santa Drive
Fort Worth, TX 76109

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Dr.

Charles

F.

Johanson

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 379. 1066

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

04 / 01 / 2021

THROUGH

Month Day Year

10 / 01 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

11 / 02 / 2021

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 Our Kings Our Future **13** Filer ID (Ethics Commission Filers)

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	CANDIDATE / OFFICEHOLDER NAME		
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <u>FWISD</u>	ELECTION DATE Month Day Year <u>11 / 02 / 2021</u>	
		DESCRIPTION <u>FWISD BOND ELECTION PROPS A, B, C, D</u>		

15 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	<u>0</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>118,450.00</u>
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	<u>0</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$	<u>90,233.31</u>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>28,216.69</u>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>

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.

Charles F. Johnson
Signature of Campaign Treasurer (Declarant)



AFFIX NOTARY STAMP / SEAL ABOVE

Please complete either option below:

Sworn to and subscribed before me, by the said Charles F. Johnson, this the 4th day of October, 2021, to certify which, witness my hand and seal of office.

Greera Litton Signature of officer administering oath
Laura Litton Printed name of officer administering oath
Admin. Asst. 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 <i>Our Kids Our Future</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 44,500.00
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 73,950.00
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 CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 90,233.31
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> 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: 5
2 FILER NAME Our Kids Our Future		3 Filer ID (Ethics Commission Filers)
4 Date Aug 20, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYANE - POTER	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 551 E. BERRY STREET FW, TX 76110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.P. Post L LLC	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 11750 Katy Freeway, Suite 500 Houston TX 77079		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON & PETERSON	Amount of contribution (\$) \$ 2,500.00
Contributor address; City; State; Zip Code 1600 North Collins Suite 2000 Richardson TX 75080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) METECOR EDUCATION LLC	Amount of contribution (\$) \$ 1,500.00
Contributor address; City; State; Zip Code 690 NE 23RD AVENUE GAINESVILLE, TX 32609		
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

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2 FILER NAME Our Kids Our Future		3 Filer ID (Ethics Commission Filers)
4 Date Aug 20, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANFELD HOFFER STANFORD	7 Amount of contribution (\$) \$ 5,000.00
6 Contributor address; City; State; Zip Code 200 BAILEY AVE FW TX 76107 Suite 200		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDO ANDRADE	Amount of contribution (\$) \$1,750.00
Contributor address; City; State; Zip Code 4775 CHASE Hill Dallas TX 75214		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES FENDEN	Amount of contribution (\$) \$ 1,750.00
Contributor address; City; State; Zip Code 311 Bryan Ave FW TX 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAM ENTERPRISE	Amount of contribution (\$) \$ 4,500.00
Contributor address; City; State; Zip Code 1945 PETERS RD IRVING TX 75061 Suite 107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME OUR KING OUR FUTURE		3 Filer ID (Ethics Commission Filers)
4 Date Aug 20, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAI DESIGN	7 Amount of contribution (\$) \$ 2,500.00
	6 Contributor address; City; State; Zip Code 2060 CRAIGHURST ST LOUIS MO 63146	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-I FREEMAN	Amount of contribution (\$) \$ 1,000.00
	Contributor address; City; State; Zip Code 11517 BROADWAY EXT OKLAHOMA CITY OK 73114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORETT WINSLOW	Amount of contribution (\$) \$ 2,000.00
	Contributor address; City; State; Zip Code 2929 N. CENTRAL AVE PHOENIX AZ 85012	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN PARTWERS	Amount of contribution (\$) \$ 5,000.00
	Contributor address; City; State; Zip Code 5645 MILTON STREET SUITE 426 DALLAS TX 75206	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Don King Don Future		3 Filer ID (Ethics Commission Filers)
4 Date Aug 20, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS MCCARTHY	7 Amount of contribution (\$) \$ 4,000.00
6 Contributor address; City; State; Zip Code 1521 QUIENESSA AVE KENNEDALE TX 76060		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANISOL KONDREK	Amount of contribution (\$) \$ 1,500.00
Contributor address; City; State; Zip Code 100 GASS STREET DALLAS TX 75207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priority Environmental	Amount of contribution (\$) \$ 1,500.00
Contributor address; City; State; Zip Code 4028 DALEY AVE FW TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Aug 20, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ICW ENVIRONMENTAL	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 245 BEVERS LAKE VALLEY VIEW TX 76272		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Don King Don Fourn		3 Filer ID (Ethics Commission Filers)
4 Date Aug 20, 2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMA ENGINEERING	7 Amount of contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code 328 S. BROADWAY AVE TYLER TX 75702	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date SEPT 14, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARMATEL	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 4222 85TH STREET LUBBOCK TX 79423	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date SEPT 23, 2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRIMERA PROFESSIONAL SERVICES	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 835 E. LAMAR BLVD # 274 ARLINGTON, TX 76011	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: 4</p>
<p>2 FILER NAME Our Kids Our Future</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date Aug 20, 2021</p>	<p>5 Corporation / Labor Organization name IMPACT CONSTRUCTION INC</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code 400 I-20 WEST SUITE 200 WEATHERFORD TX 76086</p>	<p>7 Amount of contribution (\$) \$ 10,000.00</p>
<p>Date Aug 20, 2021</p>	<p>Corporation / Labor Organization name REEDER GENERAL CONTRACTORS INC</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 6600 HAWK CREEK AVENUE SUITE 200 FW TX 76114</p>	<p>Amount of contribution (\$) \$ 2,500</p>
<p>Date Aug 20, 2021</p>	<p>Corporation / Labor Organization name PROCEED GROUP</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 10625 NORTH COUNTRY RD FRISCO TX 75034</p>	<p>Amount of contribution (\$) \$ 3,000.00</p>
<p>Date Aug 20, 2021</p>	<p>Corporation / Labor Organization name DWN APARTMENT INC</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 709 N. GLENVILLE DRIVE SUITE 200 RICHARDSON TX 75081</p>	<p>Amount of contribution (\$) \$ 3,000.00</p>
<p>Date Aug 20, 2021</p>	<p>Corporation / Labor Organization name BROWN REYNOLDS WATERFORD INC</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 3535 TRAVIS STREET SUITE 250 DALLAS TX 75204</p>	<p>Amount of contribution (\$) \$ 3,500.00</p>

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 4
2 FILER NAME <i>Our King Our Future</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>Aug 20, 2021</i>	5 Corporation / Labor Organization name <i>Foster CM Inc</i>	7 Amount of contribution (\$) <i>\$ 2,000.00</i>
6 Corporation / Labor Organization address; City; State; Zip Code <i>8610 NEW BRUNSWICK AVE SUITE 606 SAN ANTONIO TX 78217</i>		
Date <i>Aug 20, 2021</i>	Corporation / Labor Organization name <i>RPGA</i>	Amount of contribution (\$) <i>\$ 2,500.00</i>
Corporation / Labor Organization address; City; State; Zip Code <i>101 S. JENNIFER SUITE 100 FORT WORTH TX 76104</i>		
Date <i>Aug 20, 2021</i>	Corporation / Labor Organization name <i>WRA Architects Inc</i>	Amount of contribution (\$) <i>\$ 3,500.00</i>
Corporation / Labor Organization address; City; State; Zip Code <i>12377 MERIT DRIVE SUITE 1800 DALLAS TX 75251</i>		
Date <i>Aug 20, 2021</i>	Corporation / Labor Organization name <i>CORGAN ASSOCIATES INC</i>	Amount of contribution (\$) <i>\$ 2,500.00</i>
Corporation / Labor Organization address; City; State; Zip Code <i>401 N. HOUSTON STREET DALLAS TX 75202</i>		
Date <i>Aug 20, 2021</i>	Corporation / Labor Organization name <i>PBK Architects Inc</i>	Amount of contribution (\$) <i>\$ 2,500.00</i>
Corporation / Labor Organization address; City; State; Zip Code <i>14001 N DALLAS PKWY SUITE 400 DALLAS TX 75240</i>		

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MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 4
2 FILER NAME Our King Our Future		3 Filer ID (Ethics Commission Filers)
4 Date Aug 20, 2021	5 Corporation / Labor Organization name SATURFIELD POSITIVES 6 Corporation / Labor Organization address; City; State; Zip Code 3030 US FREEWAY DALLAS TX 75234	7 Amount of contribution (\$) \$ 10,000.00
Date Aug 20, 2021	Corporation / Labor Organization name TM SOURCE BUILDING GROUP LLC Corporation / Labor Organization address; City; State; Zip Code 5601 BRIDGE STREET SUITE 230 FW TX 76112-2306	Amount of contribution (\$) \$ 1,000.00
Date Aug 20, 2021	Corporation / Labor Organization name HP ENVISION Corporation / Labor Organization address; City; State; Zip Code 310 E TRINITY BLVD SUITE 800 GRAND PRAIRIE TX 75050	Amount of contribution (\$) \$ 2,200.00
Date Aug 20, 2021	Corporation / Labor Organization name E-LOGIC INC Corporation / Labor Organization address; City; State; Zip Code 2822 MARKET LOOP SUITE 120 SOUTH LAKE, TX 76092	Amount of contribution (\$) \$ 1,500.00
Date Aug 20, 2021	Corporation / Labor Organization name PASS ASSOCIATES INC Corporation / Labor Organization address; City; State; Zip Code 2221 JUSTIN PASS SUITE 110-431 FLOWER MOUND, TX 75028	Amount of contribution (\$) \$ 750.00

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MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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2 FILER NAME Don Kim Don Franis		3 Filer ID (Ethics Commission Filers)
4 Date Aug 29 2021	5 Corporation / Labor Organization name ELC 6 Corporation / Labor Organization address; City; State; Zip Code 1017 BUCKRAW STREET Houston TX 77079	7 Amount of contribution (\$) \$ 1,500.00
Date SEP 23, 2021	Corporation / Labor Organization name VLLK Architecture, Inc. Corporation / Labor Organization address; City; State; Zip Code 2021 WEST 7TH STREET SUITE 300 FW TX 76107	Amount of contribution (\$) \$ 5,000.00
Date SEP 23, 2021	Corporation / Labor Organization name AARDAL INVESTMENTS Corporation / Labor Organization address; City; State; Zip Code 2204 ELM STREET DALLAS TX 75201	Amount of contribution (\$) \$ 2,000.00
Date OCT 1, 2021	Corporation / Labor Organization name HUCKABEE ASSOCIATES INC Corporation / Labor Organization address; City; State; Zip Code 801 CHERRY STREET SUITE 500 FORT WORTH TX 76102	Amount of contribution (\$) \$ 15,000.00
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)
	1	Our King Our Future
4 Date	5 Payee name	
July 20, 2021	MAYES MEDIA GROUP	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$31,875.00	312 CREEKWOOD DRIVE	SUNNYVALE, TX 75182
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Public Expense	Survey
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	
Sept 14, 2021	MAYES MEDIA GROUP	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 8,800	312 CREEKWOOD DRIVE	SUNNYVALE, TX 75182
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting Expense	Campaign Strategic Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	
Sept 23, 2021	MAYES MEDIA GROUP	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 49,558.31	312 CREEKWOOD DRIVE	SUNNYVALE, TX 75182
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Printing & Distribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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