

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:

14

3 COMMITTEE NAME

ALL4CFISD

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

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

Change of Address

6340 North Eldridge Pkwy
Suite N402
Houston, TX 77041

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Daniel
Arizpe

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

8910 English Manor DR.
Cypress, TX 77433

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

(832) 228-4482

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 Month Day Year

10 / 29 / 2023 THROUGH 12 / 12 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

11 / 07 / 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 ALL4CFISD 13 Filer ID (Ethics Commission Filers)

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

CANDIDATE
 OFFICEHOLDER
 MEASURE

SUPPORT (Candidate or Measure)
 OPPOSE (Candidate or Measure)
 ASSIST (Officeholder)

CANDIDATE / OFFICEHOLDER NAME: Frances R. Romero
Tonia Jaeggi, Leslie Martone, + Julie Hinaman

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder):
Position 1, Position 2, Position 3, + Position 4

BALLOT IDENTIFICATION / # _____ ELECTION DATE
Month Day Year
 / /

DESCRIPTION _____

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	<u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>6,771.39</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	<u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>12,224.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0.00</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.

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 _____, 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 _____

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>ALL4CFISD</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,771.39</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>4,933.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0.00</i>
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0.00</i>
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ <i>0.00</i>
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0.00</i>
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>12,224.51</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>

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: 4 1074
2 FILER NAME ALL4 CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/ 2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Soileau	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 15815 Stenbury CT Cypress, TX 77429		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/ 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Hinaman for CFISD Trustee	Amount of contribution (\$) \$ 750.00
Contributor address; City; State; Zip Code 9638 Caddo Ridge LN Cypress, TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/ 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy McCullar	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 27122 Meadow Sage CT Cypress, TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/ 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eve Myers	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 22734 Timberlake Creek RD Tomball, TX 77377		
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: 4 of 4
2 FILER NAME ALL4CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 11/11 2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy Mingoia	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code 6610 Barrington Edn Houston, Tx 77069		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Barnhart	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 9955 Barker-Cypress # Cypress, TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/31 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denis Costello	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 14211 Julington LN Cypress, TX 77429		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/ 2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baines Manning	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 58 Wincrest Falls DR Cypress TX 77429		
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 4 3 of 4
2 FILER NAME ALL4CFISD		3 Filer ID (Ethics Commission Filers)
4 Date 11/4/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Vaello	7 Amount of contribution (\$) \$ 10.00
6 Contributor address; City; State; Zip Code 14234 Rosetta DR. Cypress, TX 77429		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McShaffry	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 17422 West Blooming Rose CT Cypress, TX 77429		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Martone	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 10603 Wax Mallow CT Houston, TX 77095		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances R. Romero for CFISD Trustee	Amount of contribution (\$) \$ 1,467.52
Contributor address; City; State; Zip Code 7710-T Cherry Park #373 Houston, TX 77095		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:
4 4 of 4

2 FILER NAME
ALL4CFISD

3 Filer ID (Ethics Commission Filers)

4 Date
11/5/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Daray Mingora

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
6610 Battlington Edn Houston, TX 77069

\$ 943.87

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <i>2 of 2</i>	
2 FILER NAME <i>ALL4CFISD</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>0.00</i>	
5 Date <i>10/29/2023</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dick Francis</i>	8 Amount of Contribution \$ <i>\$108.00</i>	9 In-kind contribution description <i>T-shirts</i>
7 Contributor address; City; State; Zip Code <i>6919 Kelsey Rae Ct. Houston, TX 77069</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		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)			
Date <i>10/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daray Mingoia</i>	Amount of Contribution \$ <i>\$275.00</i>	In-kind contribution description <i>Ad</i>
Contributor address; City; State; Zip Code <i>6610 Barrington Gdn Houston, TX 77069</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2 2 of 2	
2 FILER NAME ALL4CFISD		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 10/30/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Stewart Productions	8 Amount of Contribution \$ \$4,550	9 In-kind contribution description Digital Ads / Commercials
7 Contributor address; City; State; Zip Code 10406 Sand Pass LN Houston, TX 77064		<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)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 10f4	2 FILER NAME ALL4CFISD	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2023	5 Payee name Kwik Kopy Printing	
6 Amount (\$) \$567.90	7 Payee address; 9744 Whithorn DR	City; State; Zip Code Houston, TX 77095
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Chris Young	
Amount (\$) \$9,436.43	Payee address; 2919 Helberg	City; State; Zip Code Houston TX 77092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Ads, Robo Calls, Consulting Fees + CC Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Home Depot	
Amount (\$) \$44.04	Payee address; 12727 FH 1960W	City; State; Zip Code Houston TX 77065
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Fixtures
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME ALL4CFISD	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2023	5 Payee name Aimegy Bank of Texas	
6 Amount (\$) \$22.50	7 Payee address; P.O. Box 265407	City; State; Zip Code Salt Lake City, UT 84126
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Bank	(b) Description Bank Fees
	(c) <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 11/5/2023	Payee name Home Depot	
Amount (\$) \$146.79	Payee address; 17928 Spring Cypress Rd.	City; State; Zip Code Cypress, TX 77429
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Fixtures
	<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 11/6/2023	Payee name Walmart	
Amount (\$) \$26.91	Payee address; 12353 F41960 W	City; State; Zip Code Houston, TX 77065
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description supplies - Party Goods
	<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

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4 2 FILER NAME: ALL 4CFISD 3 Filer ID (Ethics Commission Filers)

4 Date: 11/7/2023 5 Payee name: Amazon

6 Amount (\$): \$85.51 7 Payee address; City; State; Zip Code:
410 Terry Ave N Seattle, WA 98109

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>	(b) Description <u>Ink Cartridge</u>
	(c) <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: 11/7/2023 Payee name: Office Depot

Amount (\$): \$43.28 Payee address; City; State; Zip Code:
17711 Tomball Pkwy Houston, TX 77064

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>	Description <u>Paper</u>
	<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: 11/8/2023 Payee name: Creekwood Grill/POs

Amount (\$): \$1,775.30 Payee address; City; State; Zip Code:
12710 Telge Rd Cypress, TX 77429

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Food and Beverages</u>
	<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

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 4 of 4		2 FILER NAME ALL4CFISD		3 Filer ID (Ethics Commission Filers)	
4 Date 11/14/2023		5 Payee name Proforma Impact Promotions			
6 Amount (\$) \$64.95		7 Payee address; 7710 Cherry Park Dr., Ste T-375		City; State; Zip Code Houston, TX 77095	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description T-shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/28/2023		Payee name Anedot			
Amount (\$) \$10.90		Payee address; 1201 W Peachtree St NW PMB 43460 Ste 2625		City; State; Zip Code Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address;		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Dissolution" ..

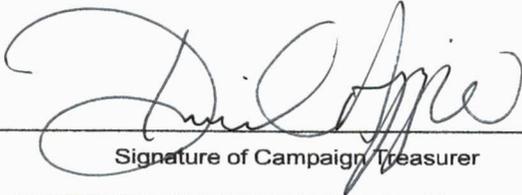
1 COMMITTEE NAME

ALL 4 CFISD

2 Filer ID (Ethics Commission Filers)

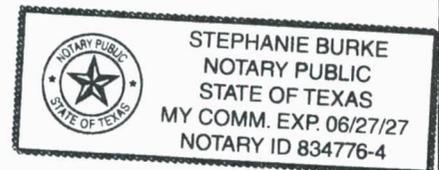
3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.


Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:



(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Arizpe, this the 19th
day of Dec, 20 23, to certify which, witness my hand and seal of office.

Stephanie Burke Stephanie Burke Notary
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 _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)