

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:
35

3 COMMITTEE NAME
Renew Pre-K 4 SA

OFFICE USE ONLY

Date Received
10/5/2026 10:56:01AM

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 12156
San Antonio TX 78212

☐ Change of Address

Date Hand-delivered or Postmarked

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs Jamie

NICKNAME LAST SUFFIX
Kowalski

Receipt # Amount

Date Processed
10/5/2026 10:56:01AM

Date Imaged

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
212 W. Laurel
San Antonio TX 78212

7 CAMPAIGN
TREASURER MAILING
ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 12156
San Antonio TX 78212

☐ Change of Address

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 982-3034

9 REPORT TYPE

30th Day Before General Election

10 PERIOD
COVERED

Month Day Year Month Day Year
8/24/2026 THROUGH 9/24/2026

11 ELECTION

ELECTION DATE
Month Day Year
11/3/2026

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 Renew Pre-K 4 SA	13 Filer ID (Ethics Commission Filers)
--	--

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	CANDIDATE / OFFICEHOLDER NAME Renew Pre-K 4 SA
	☐ OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	☒ MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 11/3/2026
	DESCRIPTION Reauthorization of sales tax for Pre-K 4 SA early childhood education program	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 371514.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6917.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 364596.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 AFFIDAVIT

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.

***** Electronically Certified *****

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Mrs Jamie Kowalski**, this the **4th** day of **October**, 20 **26**, 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

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Renew Pre-K 4 SA		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 221514.18
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	☒ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☒ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 150000.00
5.	☒ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
6.	☒ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
7.	☒ SCHEDULE E: LOANS	\$ 0
8.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6917.78
9.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
10.	☒ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
12.	☒ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
13.	☒ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
14.	☒ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 8

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 Date
9/4/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Frank Burney

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**112 E. Pecan St. #1616
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Martin & Drought, P.C.

Date
9/6/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Suzanne & Jimmy Goudge

Amount of contribution (\$)
1041.98

Contributor address; City; State; Zip Code
**200 Claiborne Way
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
9/11/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Elaine Mendoza

Amount of contribution (\$)
1041.98

Contributor address; City; State; Zip Code
**2223 Postoak Ct
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Conceptual MindWorks, Inc.

Date
9/15/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Suzanne Wade

Amount of contribution (\$)
1041.98

Contributor address; City; State; Zip Code
**324 Geneseo
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 8

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 Date
9/15/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Kelley & Pat Frost

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**520 Geneseo Rd
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
9/15/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Craig Boyan

Amount of contribution (\$)
25000.00

Contributor address; City; State; Zip Code
**605 Garraty Road
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retailer

Employer (See instructions)
H-E-B

Date
9/15/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Howard

Amount of contribution (\$)
5000.00

Contributor address; City; State; Zip Code
**505 Terrell Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Howard Energy Partners

Date
9/15/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sheryl Sculley

Amount of contribution (\$)
1041.98

Contributor address; City; State; Zip Code
**200 Congress Avenue #25FF
Austin, TX 78701**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Strategic Partnerships, Inc.

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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 8
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) William Calve 6 Contributor address; City; State; Zip Code 9601 McAllister Fwy #401 San Antonio, TX 78216	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Chiscano, Hossa & Calve, PLLC
Date 9/16/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Diane Dalton Warren Contributor address; City; State; Zip Code 216 Vista Village Cv Austin, TX 78738	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Bounceology
Date 9/16/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) James Perschbach Contributor address; City; State; Zip Code 1503 Crooked Stick San Antonio, TX 78260	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See instructions) President & CEO		Employer (See instructions) Port San Antonio
Date 9/16/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Michael & Louise Beldon Contributor address; City; State; Zip Code 4 Westelm Cir San Antonio, TX 78230	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 8

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 Date
9/16/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Patricia Smothers

7 Amount of contribution (\$)
1041.98

6 Contributor address; City; State; Zip Code
**114 Geneseo Road
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
9/16/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Juan Flores

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**439 Calumet place
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Port San Antonio

Date
9/16/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rey Saldaña

Amount of contribution (\$)
521.15

Contributor address; City; State; Zip Code
**8710 Mission Road
San Antonio, TX 78214**

Principal occupation / Job title (See instructions)
President and CEO

Employer (See instructions)
Communities In Schools National

Date
9/16/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joan Wyatt

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 Argyle Avenue
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
curator

Employer (See instructions)
Fair Winds

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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 8
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Crystal Del Bosque 6 Contributor address; City; State; Zip Code 6338 Regency Court San Antonio, TX 78249	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired
Date 9/16/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Kevin C Dinnin Contributor address; City; State; Zip Code 3911 Fossil Creek San Antonio, TX 78261	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) First Day Foundation
Date 9/16/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Charles Butt Contributor address; City; State; Zip Code PO Box 90389 San Antonio, TX 78209	Amount of contribution (\$) 100000.00
Principal occupation / Job title (See instructions) Chairman		Employer (See instructions) H-E-B
Date 9/17/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) John T Montford Contributor address; City; State; Zip Code 1 Buckingham Ct San Antonio, TX 78257	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See instructions) Attorney/Consultant		Employer (See instructions) JTM Consulting
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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 8
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Hidalgo Foundation 6 Contributor address; City; State; Zip Code 107 Regents Park San Antonio, TX 78230	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) n/a
Date 9/17/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Baltazar R Serna Jr. Contributor address; City; State; Zip Code 237 W. Travis St. #100 San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Serna & Serna
Date 9/17/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Alejandra Barraza Contributor address; City; State; Zip Code 600 N River St Ypsilanti, MI 48198	Amount of contribution (\$) 3125.31
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Highscope
Date 9/17/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Luz A Barraza Contributor address; City; State; Zip Code 6330 Edgewood Dr Ann arbor, MI 48108	Amount of contribution (\$) 260.73
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Highscope
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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 8
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Texas Forever Forward PAC 6 Contributor address; City; State; Zip Code 1920 Nacogdoches Rd #110 San Antonio, TX 78209	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See instructions) n/a		9 Employer (See instructions) n/a
Date 9/18/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) John C Brozovich Contributor address; City; State; Zip Code 600 Ivy Lane San Antonio, TX 78209	Amount of contribution (\$) 50000.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Gambrinus
Date 9/22/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) William Moll Contributor address; City; State; Zip Code 433 College Blvd San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 9/24/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Joe Straus Contributor address; City; State; Zip Code 1 Retama Parkway Selma, TX 78154	Amount of contribution (\$) 260.73
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 8
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2026	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Rick Sheldon 6 Contributor address; City; State; Zip Code 4006 Green Oak Dr Waco, TX 76710	7 Amount of contribution (\$) 1041.98
8 Principal occupation / Job title (See instructions) President/CEO		9 Employer (See instructions) Rick Sheldon Real Estate, LLC
Date 9/24/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Gary Joeris Contributor address; City; State; Zip Code 823 Arion Parkway San Antonio, TX 78216	Amount of contribution (\$) 1041.98
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Joeris General Contractors
Date 9/24/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Michael Burke Contributor address; City; State; Zip Code 103 Canter Gait Shavano Park, TX 78231	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) MDB Capital Ventures
Date 9/24/2026	Full name of contributor ☐ out-of-state PAC (ID# _____) Gordon Hartman Contributor address; City; State; Zip Code 5210 Thousand Oaks Dr. #1318 San Antonio, TX 78233	Amount of contribution (\$) 10000.00
Principal occupation / Job title (See instructions) Philanthropist		Employer (See instructions) Gordon Harman Family Foundation
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description ☐ 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 ☐ out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description ☐ 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			

SCHEDULE B

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 01/01/2020

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
1 of 1

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 Date
9/17/2026

5 Corporation / Labor Organization name
Frost Bank

7 Amount of contribution (\$)
35000.00

6 Corporation / Labor Organization address; City; State; Zip Code
111 W. Houston St.
San Antonio, TX 78205

Date
9/21/2026

Corporation / Labor Organization name
Frost Bank

Amount of contribution (\$)
15000.00

Corporation / Labor Organization address; City; State; Zip Code
111 W. Houston St.
San Antonio, TX 78205

Date
9/24/2026

Corporation / Labor Organization name
Holt Cat

Amount of contribution (\$)
25000.00

Corporation / Labor Organization address; City; State; Zip Code
5665 SE Loop 410 Access Road
San Antonio, TX 78222

Date
9/24/2026

Corporation / Labor Organization name
USAA

Amount of contribution (\$)
75000.00

Corporation / Labor Organization address; City; State; Zip Code
9800 Fredericksburg Rd
San Antonio, TX 78288

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: 1 of 1
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
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 ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: 1 of 1
2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
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 ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description ☐ Check if travel outside of Texas, complete Schedule T
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 10	2 FILER NAME Renew Pre-K 4 SA	3 Filer ID (Ethics Commission Filers)
4 Date 9/4/2026	5 Payee name Anedot	
6 Amount (\$) 40.30	7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Credit card processing fees	(b) Description Accounting/Banking
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/6/2026	Payee name Anedot	
Amount (\$) 41.98	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees	Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/11/2026	Payee name Anedot	
Amount (\$) 41.98	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees	Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 2 of 10	2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/2026	5 Payee name Anedot		
6 Amount (\$) 41.98	7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Credit card processing fees		(b) Description Accounting/Banking
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/15/2026	Payee name Anedot		
Amount (\$) 41.98	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/15/2026	Payee name Anedot		
Amount (\$) 40.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 3 of 10	2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/2026	5 Payee name Anedot		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Credit card processing fees		(b) Description Accounting/Banking
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/15/2026	Payee name Anedot		
Amount (\$) 200.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/15/2026	Payee name Anedot		
Amount (\$) 1000.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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 10	2 FILER NAME Renew Pre-K 4 SA	3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2026	5 Payee name Anedot	
6 Amount (\$) 21.15	7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Credit card processing fees	(b) Description Accounting/Banking
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/16/2026	Payee name Anedot		
Amount (\$) 100.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees	Description Accounting/Banking	
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/16/2026	Payee name Anedot		
Amount (\$) 100.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees	Description Accounting/Banking	
	☐ Check if travel outside of Texas, complete schedule T ☐ 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 5 of 10	2 FILER NAME Renew Pre-K 4 SA	3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2026	5 Payee name Anedot	
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Credit card processing fees	(b) Description Accounting/Banking
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/16/2026	Payee name Anedot	
Amount (\$) 20.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees	Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/16/2026	Payee name Anedot	
Amount (\$) 40.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees	Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 6 of 10	2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2026	5 Payee name Anedot		
6 Amount (\$) 2.40	7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Credit card processing fees		(b) Description Accounting/Banking
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/16/2026	Payee name Anedot		
Amount (\$) 41.98	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/17/2026	Payee name Anedot		
Amount (\$) 10.73	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 7 of 10	2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2026	5 Payee name Frost Bank		
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 111 W. Houston St. San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Service charge
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/17/2026	Payee name Anedot		
Amount (\$) 100.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/17/2026	Payee name Anedot		
Amount (\$) 125.31	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 8 of 10	2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/18/2026	5 Payee name Frost Bank		
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 111 W. Houston St. San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Service charge
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/22/2026	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/23/2026	Payee name SignBusters		
Amount (\$) 4705.00	Payee address; City; State; Zip Code 3030 W. Baetz Blvd San Antonio, TX 78221		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Sign installation
	☐ Check if travel outside of Texas, complete schedule T ☐ 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			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 9 of 10	2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2026	5 Payee name Frost Bank		
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 111 W. Houston St. San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Service charge
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/24/2026	Payee name Anedot		
Amount (\$) 10.73	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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 9/24/2026	Payee name Anedot		
Amount (\$) 41.98	Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Credit card processing fees		Description Accounting/Banking
	☐ Check if travel outside of Texas, complete schedule T ☐ 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 10 of 10	2 FILER NAME Renew Pre-K 4 SA	3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2026	5 Payee name Anedot	
6 Amount (\$) 41.98	7 Payee address; City; State; Zip Code 3723 Greenville Ave #41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Credit card processing fees	(b) Description Accounting/Banking
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ 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		

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F2: 1 of 1	2 FILER NAME Renew Pre-K 4 SA	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	☐ Political ☐ Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ 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
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/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 F4:
1 of 1

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 0

5 Date

6 Payee name

7 Amount (\$)

8 Payee address; City; State; Zip Code

9 TYPE OF
EXPENDITURE

☐ Political ☐ Non-Political

10 PURPOSE
OF
EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas, complete schedule T ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF
EXPENDITURE

☐ Political ☐ Non-Political

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description

☐ 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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/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 H: 1 of 1	2 FILER NAME Renew Pre-K 4 SA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas, complete schedule T ☐ 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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ 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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas, complete schedule T ☐ 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		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Renew Pre-K 4 SA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
1 of 1

2 FILER NAME
Renew Pre-K 4 SA

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- | | | | | | |
|--------------------------------------|--------------------------------------|--|--------------------------------------|--|--|
| ☐ Schedule A2 | ☐ Schedule B | ☐ Schedule B(J) | ☐ Schedule C2 | ☐ Schedule D | ☐ Schedule F1 |
| ☐ Schedule F2 | ☐ Schedule F4 | ☐ Schedule G | ☐ Schedule H | ☐ Schedule COH-UC | ☐ Schedule B-SS |

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- | | | | | | |
|--------------------------------------|--------------------------------------|--|--------------------------------------|--|--|
| ☐ Schedule A2 | ☐ Schedule B | ☐ Schedule B(J) | ☐ Schedule C2 | ☐ Schedule D | ☐ Schedule F1 |
| ☐ Schedule F2 | ☐ Schedule F4 | ☐ Schedule G | ☐ Schedule H | ☐ Schedule COH-UC | ☐ Schedule B-SS |

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- | | | | | | |
|--------------------------------------|--------------------------------------|--|--------------------------------------|--|--|
| ☐ Schedule A2 | ☐ Schedule B | ☐ Schedule B(J) | ☐ Schedule C2 | ☐ Schedule D | ☐ Schedule F1 |
| ☐ Schedule F2 | ☐ Schedule F4 | ☐ Schedule G | ☐ Schedule H | ☐ Schedule COH-UC | ☐ Schedule B-SS |

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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POLITICAL COMMITTEE AFFIDAVIT 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
Renew Pre-K 4 SA

2 Filer ID (Ethics Commission Filers)

3 Affidavit 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

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