

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) 00087394 | | 2 Total pages filed: 6 | |
| 3 COMMITTEE NAME Excellence in Education | | | | OFFICE USE ONLY | |
| | | | | Date Received ELECTRONICALLY FILED 10/09/2023 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2415 Hodges Bend Circle Sugar Land, TX 77479 | | <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> | |
| | | | | Receipt # Amount OCT 10 2023 | |
| | | | | Date Processed FORT BEND ISD | |
| | | | | Date Filed DEPT. OF LEGAL SERVICES | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR Mr. | | FIRST Jeffrey | |
| | | NICKNAME | | LAST Wiley | |
| | | | | SUFFIX MI | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); 2415 Hodges Bend Circle Sugar Land, TX 77479 | | APT / SUITE #; CITY; STATE; ZIP CODE | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | STREET OR PO BOX; 2415 Hodges Bend Circle Sugar Land, TX 77479 | | APT / SUITE #; CITY; STATE; ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE (713) | | PHONE NUMBER 823-2125 | |
| 9 REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 | | <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff | |
| | | | | <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination | |
| 10 PERIOD COVERED | | Month Day Year 07/01/2023 | | THROUGH Month Day Year 09/28/2023 | |
| 11 ELECTION | | ELECTION DATE Month Day Year 11/07/2023 | | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other | |

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

| | | | |
|--|--|---|-------------|
| 12 COMMITTEE NAME Excellence in Education | | 13 Filer ID (Ethics Commission Filers) 00087394 | |
| 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 <input type="checkbox"/> Officeholder | CANDIDATE / OFFICEHOLDER NAME | |
| | | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | |
| | <input checked="" type="checkbox"/> Measure | BALLOT IDENTIFICATION / # VATRE | |
| | | ELECTION DATE Month Day Year 11/07/2023 | |
| | | DESCRIPTION FBISD VATRE Proposition A | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 1,839.30 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |

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.

Mr. Jeffrey Wiley

Signature of Campaign Treasurer

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

SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
3 of 6**17 COMMITTEE NAME**
Excellence in Education**18 Filer ID** (Ethics Commission Filers)
00087394**19 SCHEDULE SUBTOTALS**
NAME OF SCHEDULE

SUBTOTAL AMOUNT

- | | | | | |
|-----|-------------------------------------|--|----|--------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 500.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ | |
| 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 CORPORATION OR LABOR ORGANIZATION | \$ | |
| 7. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ | |
| 8. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 500.00 |
| 9. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 10. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 11. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 12. | <input type="checkbox"/> | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 13. | <input checked="" type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 30.00 |
| 14. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6 |
| 2 FILER NAME Excellence in Education | | 3 Filer ID (Ethics Commission Filers) 00087394 |
| 4 Date 07/18/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba Kistner | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code 12821 West Golden Lane San Antonio, TX 78249 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 5/6 | 2 FILER NAME Excellence in Education | 3 Filer ID (Ethics Commission Filers) 00087394 |
| 4 Date 07/27/2023 | 5 Payee name Dickenson Wright | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 1825 Eye Street NW Suite 900 Washington DC, DC 20006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Establish and compliance for SPAC |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6 | 2 FILER NAME Excellence in Education | 3 Filer ID (Ethics Commission Filers) 00087394 |
| 4 Date 07/31/2023 | 5 Payee name New First Bank | |
| 6 Amount (\$) 15.00 | 7 Payee Address; City; State; Zip 16554 Creek Bend Drive Sugar Land, TX 77478 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Service charge |
| Date 08/31/2023 | Payee name New First Bank | |
| Amount (\$) 15.00 | Payee Address; City; State; Zip 16554 Creek Bend Drive Sugar Land, TX 77478 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Service charge |