AS IF - SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM AS IF - SPAC COVER SHEET PG 1

The AS IF-SPAC Instruction	en Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
B FILER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
	MR CARVIS NICKNAME LAST JUNIOUS	R	Date Received RECEIVED NOV - 8 202	
4 FILERADDRESS		ITY; STATE; ZIP CODE		
Change of Address	207 REINERMAN HO	OUSTON TX 77007	Date Hand-delivered or Date Postmarked	
5 REPORTTYPE		lay before election ay before election if	Receipt# Amount \$ Date Processed Date Imaged	
6 PERIOD COVERED	Month Day Year 08 / 30 / 2023	THROUGH 11	th Day Year / 07 / 2023	
7 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 2023 Gene	Runoff Ott	ner scription	
		- Carlo		
			All Pro	

AS IF - SPECIFIC-PURPOSE COMMITTEE FORMAS IF - SPAC **CAMPAIGN FINANCE REPORT**

COVER SHEET PG 2

8 FILER NAME MR. CARVIS R. JUNIOUS				9 Filer ID (Ethics Commission Filers)	
10 COMMITTEE			CANDIDATE/OFFICEHOLDER NAME		
PURPOSE (Attach lists on plain pape	r to	X CANDIDATE	WILLIAM RANDOLPH BATES, JR.		
complete this report if			OFFICE SOUGHT (candidate) / OFFICE HELD (office	ceholder)	
necessary.)		OFFICEHOLDER	SCHOOL BOARD TRUSTEE		
SUPPORT (Candidate or Measur	e)		BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year		
OPPOSE (Candidate or Measur	·e)	_		/ /	
X ASSIST	0,	MEASURE	DESCRIPTION		
(Officeholder)					
11 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF CONTRIBUTIONS MAI	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ 7,600.00	
		Check here if this repo	ort qualifies for the higher itemization thresh	old	
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$7,600.00	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$7,600.00	
	4.	TOTAL POLITICAL E	EXPENDITURES	\$ 7,600.00	
CONTRIBUTION BALANCE	5.	OF THE REPORTING		Ψ 0.00	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		* 0.00	
12 SIGNATURE	includes all information required to be reported by me under Title 15, Election Code. Signature of Campaign Treasurer (Declarant)				
(1) Affidavit		Flease C	omplete either option below:		
AFFIX NOTARY STAMP	SEALA	BOVE			
Sworn to and subscri	bed be	efore me, by the said _		, this the	
day of, 20, to certify which, witness my hand and seal of office.					
Signature of officer adm	ninister	ing oath Printed	name of officer administering oath	Title of officer administering oath	
OR:					
(2) Unsworn Declarat	ion			10/21/1075	
My name is MR. CARVIS R. JUNTOUS, and my date of birth is 10/21/1975					
My address is 207	REIN	ERMAN (street)	HOUSTON (city)	. 77007 USA cstate) (zip code)(country)	
Executed in HARRIS	5	County. State of TE.	XAS on the 07 day of NOVE	EMBER , 20 23 .	
			(mo	ntḥ) (year)	
			Coupe		
			Signature of Ca	ampaign Treasurer (Declarant)	
			(

AS IF - SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM AS IF - SPAC COVER SHEET PG 2

8 FILER NAME MR	. CA	ARVIS R. JUNIO	ous	9 Filer ID	(Ethics Commission Filers)
		1 20 22120	CANDIDATE/OFFICEHOLDER NAME		
10 COMMITTEE PURPOSE (Attach lists on plain pape	r to	X CANDIDATE	DR. KIMBERLEY BOOKER		
complete this report if			OFFICE SOUGHT (candidate) / OFFICE HELD (office	eholder)	
necessary.)		OFFICEHOLDER	SCHOOL BOARD TRUSTEE		DATE
(Candidate or Measure	e)		BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year		
OPPOSE (Candidate or Measur	e)	MEASURE		/ /	/
X ASSIST		MEAGONE	DESCRIPTION		
(Officeholder)					
11 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF CONTRIBUTIONS MAI	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$	7,600.00
			ort qualifies for the higher itemization thresho	JIU .	
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$	7,600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$	7,600.00
	4.	TOTAL POLITICAL E	EXPENDITURES	\$	7,600.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO	NTRIBUTIONS MAINTAINED AS OF THE LAST PERIOD	TDAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
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 ma under Title 15, Election Code. Signature of Campaign Treasurer (Declarant) Please complete either option below:				Code.	
(1) Affidavit			- which and		
	SEAL AT	BOVE			
AFFIX NOTARY STAMP /	JEALA.				
Sworn to and subscrib	oed be	fore me, by the said		, t	this the
day of, 20, to certify which, witness my hand and seal of office.					
Signature of officer administering oath					
OR OR					
(2) Unsworn Declarat	ion				
My name is MR . CA		R. JUNIOUS	, and my date of birth is _	10/21	/1975
My address is207	REIN	NERMAN	HOUSTON	, <u>TX</u> , (state)	
		(Street)	(city)	, ,	* *
Executed in HARKES		County, State of	EXAS , on the 07 day of NOVEM	nth)	(year)
			Ch un	en	<u> </u>
			Signature of Cal	mpaign Trea	asurer (Declarant)
			1	1	

AS IF - SPECIFIC-PURPOSE COMMITTEE FORMAS IF - SPAC **CAMPAIGN FINANCE REPORT**

COVER SHEET PG 2

8 FILER NAME MR. CARVIS R. JUNIOUS				9 Filer ID (Ethics Commission Filers)
10 COMMITTEE			CANDIDATE/OFFICEHOLDER NAME	
PURPOSE (Attach lists on plain paper to		X CANDIDATE	PAUL SHANKLIN	
complete this report if			OFFICE SOUGHT (candidate) / OFFICE HELD (office	eholder)
necessary.)		OFFICEHOLDER	SCHOOL BOARD TRUSTEE	
(Candidate or Measur	e)		BALLOT IDENTIFICATION / #	ELECTION DATE nth Day Year
OPPOSE (Candidate or Measur	re)	L MENCHES	TVO.	/ /
	-,	MEASURE	DESCRIPTION	
X ASSIST (Officeholder)				
11 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OI CONTRIBUTIONS MAI	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ 7,600.00
		Check here if this rep	ort qualifies for the higher itemization thresho	old
	2.	TOTAL POLITICAL (CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$ 7,600.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 7,600.00	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO	NTRIBUTIONS MAINTAINED AS OF THE LAST PERIOD	DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$ 0.00
40.000	Lewor	ar or affirm under per	nalty of perjury, that the accompanying	report is true and correct and
12 SIGNATURE	includ	es all information requi	ired to be reported by me under Title 15	s, Election Code.
		·	(c) when	
			Signature of Campaign	Treasurer (Declarant)
		Please c	omplete either option below:	
(1) Affidavit				
AFFIX NOTARY STAMP	SEALA	BOVE		
Sworn to and subscri	bed be	efore me, by the said _		, this the
day of	, 20	, to certify wh	ich, witness my hand and seal of office.	ř
Signature of officer adm	ninister	ing oath Printed	name of officer administering oath	Title of officer administering oath
OR				
(2) Unsworn Declarat				
My name is MR. C	ARV.	IS R. JUNIOUS	, and my date of birth is _	10/21/1975
My address is 207 REINERMAN (street) HOUSTON TX 77,007 USA (state) (zip code)(country)				TX 77,007 USA (state) (zip code (country)
		(Street)	XAS on the 07 day of NOVEM	Access to the contract of the
Executed in	_	County, State of	AS , on the 07 day of NOVEM	(year)
			Cun	<u> </u>
			Signature of dar	npaign Treasurer (Declarant)
			ľ.	

SUBTOTALS - AS IF - SPAC

FORM AS IF - SPAC COVER SHEET PG 3

13			ommission Filers)	
	MR. CARVIS R. JUNIOUS			
15	15 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
19	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	\$7,600.00		
2.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00		
3.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME MR. CARVIS R. JUNIOUS		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/19/2023	CHRIST-LIKE GRAPHICS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
910.00	9898 BISSONNET STREET	HOUSTON	TEXAS	77036
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	YARD SIGNS	.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/09/2023	KRE8TIVLYKRE			
Amount (\$)	Payee address;	City;	State;	Zip Code
433.00	WWW.KRE8TIVLYKRE.COM	HOUSTON	TEXAS	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	T-SHIRTS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/09/2023	CHRIST-LIKE GRAPHI6S			
Amount (\$)	Payee address;	City;	State;	Zip Code
823.50	9898 BISSONNET STREET	HOUSTON	TEXAS	77036
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	YARD SIGN	IS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F1;			3 Filer ID (Ethics	Commission Filers)
	MR. CARVIS R. JUNIOUS		·	
4 Date	5 Payee name			
10/11/2023	RPC PRINTING & DESIGN, INC.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
375.00	4110 MAJESTIC STREET	HOUSTON	TEXAS	77026
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PUSH CRR	DS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/12/2023	RPC PRINTING & DESIGN, INC.			
Amount (\$)	Payee address;	City;	State;	Zip Code
375.00	4110 MAJESTIC STREET	HOUSTON	TEXAS	77026
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	PUSH CARD	S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living (expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
10/16/2023	BLANKS MEDIA			
Amount (\$)	Payee address;	City;	State;	Zip Code
1100.00	9898 BISSONNET STREET	HOUSTON	TEXAS	77036
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	YARD SIGN DOOR HANG		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 NE	EDED	
				Davised 11/17/201

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leaal 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME MR. CARVIS R. JUNIOUS		3 Filer ID (Ethics 0	Commission Filers)
4 Date	5 Payee name			
10/24/2023	SOUTHERN BLUE STRATEGIES		Otata	Zip Code
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1048.60	2420 BISSONNET STREET	HOUSTON TEXAS 770		77005
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	TEXT MESSAGES		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	office held
Date	Payee name			
11/07/2023	L.P.C. CONSULTING			
Amount (\$)	Payee address;	City;	State;	Zip Code
1250.00	P.O. BOX 41277	HOUSTON	TEXAS	77241
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	ACCOUNTING			
OF EXPENDITURE	CONSULTING EXPENSE	PAUL SHANKLIN		
	Check if travel outside of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense		xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
11/07/2023	L.P.C. CONSULTING			
Amount (\$)	Payee address;	City;	State;	Zip Code
1250.00	P.O. BOX 41277	HOUSTON	TEXAS	77241
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ACCOUNTING CONSULTING EXPENSE	DR. KIMBERLEY BOOKER		3
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not hold a servey
1 Total pages Schedule F1:	2 FILER NAME MR. CARVIS R. JUNIOUS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/07/2023	AMEGY BANK OF TEXAS	0.4	State; Zip Code
6 Amount (\$)	7 Payee address;	City;	
34.90	P.O. BOX 26547	SALT LAKE CI	TTY UTAH 84126
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	BANKING	OPENING DE	EPOSIT
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		41
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
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
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 Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED