### Vote for Denton ISD Kids – PAC Report

Filer ID (EIN): 39-4193415

Reporting Period: 10/26/2025 - 11/10/2025

Balance forward:	\$13,366.52					
Donations received during period:						
Judith Giese1602 Highland Park Rd Denton TX 7620510/26/2025Sidney Vann3101 Forrestridge Dr Denton, TX 7620110/26/2025	\$100.00 \$15.00					
Total donations received: Interest earned on account: Total Receipts:	\$115.00 \$0.16 \$115.16					
Expenses during reporting period  Merchant services fees  Consulting & communication services  Total expenses during period:	\$69.18 \$12,500.00 \$12,569.18					
Ending account balance prior to dissolution:	\$912.50					
Disbursement of funds to Denton Public School Foundation	\$912.50					
Final account balance at committee dissolution	\$0.00					

All of the committee's reportable activity has been reported.

Reporting Officer – Aaron Layman, Treasurer

Maron Jayman

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC COVER SHEET PG 1

The SPAC Instruction G	2 Total pages filed:			
3 COMMITTEE NAME				
	~		OFFICE USE ONLY	
Vote for	Denton ISD Kids		Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE		
Change of Address	801 Field Crossing Au	brey, TX 76227		
5 CAMPAIGN	MS / MRS /MR FIRST	* 41	Date Hand-delivered or Date Postmarked	
TREASURER NAME	Faron	. MI	Receipt # Amount \$	
	NICKNAME LAST	SUFFIX	Date Processed	
	Layman		Date Imaged	
6 CAMPAIGN TREASURER STREETADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
(Residence or Business)	2302 Rosegill Dr	Corinth, TX	76210	
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  (281) 935-2889	EXTENSION		
9 REPORTTYPE		before election	Exceeded Modified Reporting Limit  Sissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year		Month Day Year	
	10 /26/2025	IROUGH //		
1 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff		
	// /04/2025 General	Arrowania	criptionVATRE	
GO TO PAGE 2				

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		nton ISO p	x, X,	13 Filer ID (Ethics Commission Filers)			
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE	CANDIDATE/OFFICEHOLDER NAME				
		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)				
SUPPORT (Candidate or Measure OPPOSE (Candidate or Measure ASSIST (Officeholder)	,	MEASURE	BALLOTIDENTIFICATION/#  Mor  Denton ISO TRE     DESCRIPTION				
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OI	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$			
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 1/5.00					
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	\$				
•••••	4.	TOTAL POLITICAL E	XPENDITURES	\$ 12,569.18			
CONTRIBUTION BALANCE	5.	OF THE REPORTING F		\$ 0.00			
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMI	OUNT OF ALL OUTSTANDING LOANS AS OF PORTING PERIOD	* 0.00			
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.							
THOMAS J FAUCHER NOTARY PUBLIC Signature of Campaign Treasurer (Declarant)  Please complete either option below:  AFFIX NOTARY STAMP/SEALABOVE							
Sworn to and subscribed before me, by the said Aaron Lagman, this the 10th							
day of November, 20 25, to certify which, witness my hand and seal of office.							
Signature of officer admi	nistering		med faveher ame of officer administering oath	No towa  Title of officer administering oath			
			OR	nue of officer administering datif			
(2) Unsworn Declaration							
My name is			, and my date of birth is	·			
My address is		(street)					
Executed in	***************************************	. ,	(city), on the day of (month	(state) (zip code)(country) , 20, (year)			
			Signature of Camp	paign Treasurer (Declarant)			

### 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 2 Filer ID (Ethics Commission Filers) Vote For Denton ISA Kils 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: THOMAS J FAUCHER **NOTARY PUBLIC** STATE OF TEXAS (1) Affidav MY COMM. EXP 04/14/27 AFFIX NOTARY STAMP/SEAL NOTABY ID 13195126-2 Sworn to and subscribed before me, by the said \_\_\_\_\_\_\_\_\_ day of Neverbox, 20 35, to certify which, witness my hand and seal of office. tarcher mature of officer administering oath Printed name of officer administering oath Title of office administering oath (2) Unsworn Declaration My name is \_ \_\_\_\_\_, and my date of birth is My address is \_\_\_\_ (street) (zip code)(country) \_\_\_\_\_\_ County, State of \_\_\_\_\_\_, on the \_\_\_\_\_ day of \_ Signature of Campaign Treasurer (Declarant)