

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:

8

3 COMMITTEE NAME

Great Schools, Great City SPAC

OFFICE USE ONLY

Date Received

RECEIVED

JUL 17 2023

Board of Education

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

0

Date Processed

7-17-23

Date Imaged

7-17-23

4 COMMITTEE ADDRESS

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

Change of Address

6341 Klamath Road
Fort Worth, TX 76116

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

JUDY

G

NICKNAME

LAST

SUFFIX

NEEDHAM

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

6341 Klamath Road
Fort Worth, TX 76116

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Change of Address

SAME

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 223-0552

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

6 / 1 / 23

THROUGH

Month Day Year

6 / 30 / 23

11 ELECTION

ELECTION DATE

Month Day Year

6 / 10 / 23

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

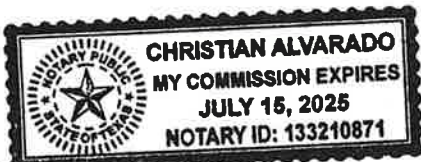
FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Great Schools, Great City SPAC 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>KEVIN LYNCH, Candidate for District 5</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>FWISD District 5</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year / /
		DESCRIPTION _____

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1300.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5004.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2649.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>11,500.00</u>

16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Judy G. Needham
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judy Needham, this the July day of 17, 20 23, to certify which, witness my hand and seal of office.

Christian Alvarado Christian Alvarado Coordinator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code)(country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME <i>Great Schools, Great City SPAC</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>7300.00</i>
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 CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>5004.99</i>
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Granger Campaign Fund	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 611 Pennsylvania Ave, SE#207, Washington D.C. 20003		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Paul Price	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3824 Lands End, Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. and Mrs. Tom Rogers, Jr.	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3034 Tanglewood PK. W., Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haydn M. Cutler, Jr.	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3825 Camp Bowie Blvd, Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **4**

2 FILER NAME **Great Schools, Great City SPAC** 3 Filer ID (Ethics Commission Filers)

4 Date 6/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John H. Williams	7 Amount of contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 4737 Lafayette Ave., Fort Worth, TX 76107	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen A. Cummins	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 620 Roaring Springs Rd., Ft Worth TX 76114	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. John H. Robinson	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4459 Kirkland Rd., Ft. Worth, TX 76109	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven S. Siks	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3908 Westcliff Rd. S., Ft. Worth, TX 76109	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. David Hull	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 395 Sarita Park, Ft. Worth TX 76109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Lynne Johnson	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1600 Texas St. #21101, Ft. Worth, TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. Loveless	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2800 S. Hulen, Ste. 210, Ft. Worth, TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Karen H. Barlow,	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2501 Museum Way, #719, Ft. Worth TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Tom Brown	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1212 S. Adams St., Ft. Worth, TX 76104	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. James T. Ward	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3601 Monticello Dr., Ft. Worth, TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Margie Reynolds	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 5111 Paluxy Hwy, Granbury, TX, 76048	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. David S. Sykes	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2000 Spanish Trail, Ft. Worth TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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
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: <i>1</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/6/23</i>	5 Payee name <i>Flowers on the Square</i>	
6 Amount (\$) <i>\$627.85</i>	7 Payee address; City; State; Zip Code <i>4701 White Settlement, Ft. Worth, TX 76114</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Gift</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>6/14/23</i>	Payee name <i>Murphy Nasceia</i>	
Amount (\$) <i>\$4,377.14</i>	Payee address; City; State; Zip Code <i>PO Box 1648 Austin, TX 78767</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Fundraising for Kevin Lynch</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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