

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:

6

3 COMMITTEE NAME

Great Schools Great City SPAC

OFFICE USE ONLY

Date Received

RECEIVED

JUN 02 2023

Board of Education

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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

July 15

30th day before election

8th day before election

Runoff

Exceeded Modified Reporting Limit

Dissolution Report (Attached PAC-FR)

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

4/27/23

THROUGH

Month Day Year

5/31/23

11 ELECTION

ELECTION DATE

Month Day Year

6/10/23

ELECTION TYPE

Primary

General

Runoff

Special

Other

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

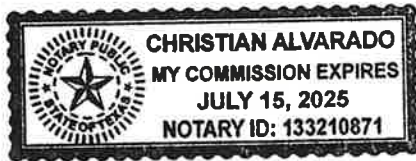
FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME _____ 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 <i>KEVIN LYNCH, Can di date for Dist. 5</i> |
| | <input type="checkbox"/> OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>FW/ SD District 5</i> |
| | <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) | \$ <i>26,000.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ <i>354.37</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>25,000.00</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ _____ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>11,500.00</i> |

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 *2nd* day of *June*, 20 *23*, to certify which, witness my hand and seal of office.

Christian Alvarado Signature of officer administering oath
Christian Alvarado Printed name of officer administering oath
Coordinator 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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ <i>6,000.00</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 checked="" type="checkbox"/> SCHEDULE E: LOANS | | \$ <i>10,000.00</i> |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ <i>25,000.00</i> |
| 9. <input checked="" 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: 1

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

| | | |
|--------------------------|--|--|
| 4 Date <u>5/11/23</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Martha V. Leonard Campaign Account</u> | 7 Amount of contribution (\$) <u>\$1,000.00</u> |
| | 6 Contributor address; City; State; Zip Code <u>1411 Sherdy Oaks Ln., Ft. Worth, TX 76107</u> | |

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

| | | |
|------------------------|--|--|
| Date <u>5/19/23</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lyda H. Hill</u> | Amount of contribution (\$) <u>\$5,000.00</u> |
| | Contributor address; City; State; Zip Code <u>2001 Ross Ave., Dallas, TX 75201</u> | |

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

| | | |
|------|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |

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

| | | |
|------|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |

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.

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: 1 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------|--|

| | |
|--------------------------|---|
| 4 Date 5/11/23 | 5 Payee name Kevin Lynch Campaign |
|--------------------------|---|

| | |
|-------------------------------------|--|
| 6 Amount (\$) \$20,000.00 | 7 Payee address; City; State; Zip Code 3121 Sweetbriar Lane, Ft. Worth, TX 76109 |
|-------------------------------------|--|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution | (b) Description Candidate for FWISD Board District 5 |
| | (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 5/23/23 | Payee name Kevin Lynch Campaign |
|-----------------|------------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code 3121 Sweetbriar Lane, Ft. Worth, TX 76109 |
|---------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | Description Candidate for FWISD Board District 5 |
| | <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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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 E: <u>1</u> |
| 2 FILER NAME <u>Great Schools, Great City SPAC</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ <u>11,500.00</u> |
| 5 Date of loan <u>5/11/23</u> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JUDY G NEEDHAM</u> | 9 Loan Amount (\$) <u>10,000.00</u> |
| 6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/> | 8 Lender address; City; State; Zip Code <u>6341 Klamath Rd, Fort Worth, TX 76116</u> | 10 Interest rate <u>0</u> |
| | | 11 Maturity date <u>0</u> |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/> | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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