

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: 13
3 COMMITTEE NAME Great Schools, Great City SPAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6341 Klamath Road Fort Worth, TX 76116		RECEIVED APR 06 2023 Board of Education
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS <input checked="" type="radio"/> MRS / MR	FIRST JUDY	MI G
	NICKNAME	LAST Needham	SUFFIX
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		Date Hand-delivered or Date Postmarked 4-6-2023
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME		Receipt #
			Amount \$
			Date Processed 4-6-2023
			Date Imaged 4-6-2023
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 223-0552	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 1 / 1 / 23		THROUGH
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

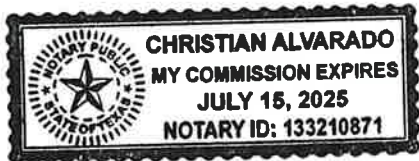
12 COMMITTEE NAME
GREAT SCHOOLS, GREAT CITY SPAC

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME KEVIN LYNCH, CANDIDATE TOBI JACKSON, OFFICEHOLDER
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) KEVIN LYNCH, FWISD DISTRICT 5 TOBI JACKSON, DISTRICT 2
<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
<input type="checkbox"/> OPPOSE (Candidate or Measure)		ELECTION DATE Month / Day / Year
<input type="checkbox"/> ASSIST (Officeholder)		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)	\$ 33,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,543.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,854.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1500.00

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.



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 6th day of April, 2022, 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 GREAT SCHOOLS, GREAT CITY SPAC		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33,750.00
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 CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,543.21
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: 8
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTY V. LEONARD	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 1411 Shady Oaks Ln. Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio L. DeLeon	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 4521 Digz Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Tom Harris	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 8040 Valley Dr., N. Richland Hills, TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. James Ward	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3601 Monticello Dr., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 8
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Arlie Davenport	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4070 Clarke Ave., Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Denny Alexander	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2928 Alton Rd., Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. John C. Tucker	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2921 Suffolk Dr., #500, Ft. Worth, TX 76133		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Gail W. Rawl	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4 Westover Rd., Ft. Worth, TX 76107		
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: **8**

2 FILER NAME

Great Schools, Great City SPAC

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Carrie Harrington

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

1600 Texas St., #31001, Ft. Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/23

Full name of contributor out-of-state PAC (ID#: _____)

Haydn H. Cutler, Jr.

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

3825 Camp Bowie Blvd, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/23

Full name of contributor out-of-state PAC (ID#: _____)

Mrs. Karen Haun Barlow

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2501 Museum Way, Apt. 719, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/23

Full name of contributor out-of-state PAC (ID#: _____)

H. Carter Burdette

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

4717 Lafayette, Ft. Worth, TX 76107

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: 8
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Wm. D. Greenhill	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 1608 Ashland Ave, Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. David Hull	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3958 Sarita Park, Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Virginia S. Smith	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1408 Westover Ln., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Ellen F. Messman	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 6000 Westover Dr., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: **8**

2 FILER NAME

Great Schools, Great City SPAC

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/23

5 Full name of contributor out-of-state PAC (ID#: _____)

O'Hanlon, Demerath + Castillo

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address; City; State; Zip Code

426 W. Caffery Ave, Pharr, TX 78577

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/6/23

Full name of contributor out-of-state PAC (ID#: _____)

Proceedo Group

Amount of contribution (\$)

\$8,000.00

Contributor address; City; State; Zip Code

3000 Polar Ln., Ste. 503, Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/23

Full name of contributor out-of-state PAC (ID#: _____)

Hon. Kay Granger

Amount of contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

1701 River Ave, Ste 308, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/23

Full name of contributor out-of-state PAC (ID#: _____)

David F. Thornton

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

PO Box 471609, Ft. Worth, TX 76147

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: 8
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Garland M. Lasater, Jr.	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1301 Humble Ct., FortWorth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Wm. A. Hudson	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 18 Valley Ridge Rd., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Margie Reynolds	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 50 Paluxy Highway, Granbury, TX 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Tom Brown	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1212 S. Adams St., Ft. Worth, TX 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: **8**

2 FILER NAME

Great Schools, Great City SPAC

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Mr. and Mrs. Richard Minker

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

2865 Manor Wood Trail, Ft. Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/23

Full name of contributor out-of-state PAC (ID#: _____)

Mrs. Elizabeth R. Ray

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

5914 El Campo, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/23

Full name of contributor out-of-state PAC (ID#: _____)

Mr. and Mrs. John Robinson

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4469 Kirkland Dr., Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/23

Full name of contributor out-of-state PAC (ID#: _____)

Lyda H. Hill

Amount of contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

2001 Ross Ave., Ste. 4600, Dallas, TX, 75201

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: **8**

2 FILER NAME

Great Schools, Great City SPAC

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Mrs. Joe R. Martin

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

6001 Westover Dr., Ft. WORTH, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/23

Full name of contributor out-of-state PAC (ID#: _____)

Mrs. Madelon L. Bradshaw

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

1 Mad Canyons Ranch, Weatherford, TX 76087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/23

Full name of contributor out-of-state PAC (ID#: _____)

Dr. and Mrs. Tom Rogers Jr.

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

3034 Tanglewood Park W., Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/23

Full name of contributor out-of-state PAC (ID#: _____)

Mr. and Mrs. Jim Loveless

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2800 S. Hulen St., Ste. 210, 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.

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 2 FILER NAME Great Schools, Great City SPAC 3 Filer ID (Ethics Commission Filers)

4 Date 1/31/23 5 Payee name Veritex Bank

6 Amount (\$) \$15.00 7 Payee address; City; State; Zip Code
2424 Merrick Street Ft. Worth TX 76107

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
<u>Banking Expense</u>	<u>Fee</u>
(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 1/11/23 Payee name Mattie Parker Mayor Campaign For Re-Election

Amount (\$) \$500.00 Payee address; City; State; Zip Code
6212 Curzon, Ft. Worth, TX, 76116

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Contribution</u>	<u>Candidate for Mayor</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 2/8/23 Payee name Veritex Bank

Amount (\$) \$28.21 Payee address; City; State; Zip Code
2424 Merrick St. FORT WORTH TX 76107

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Banking Expense</u>	<u>Fee</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Great Schools, Great City SPAC	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/23	5 Payee name Kevin Lynch	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 3121 Sweetbriar Lane Fort Worth TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description Candidate for FWISD 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/21/23	Payee name Tobi Jackson	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 2108 Yosemite Court Fort Worth TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Candidate for FWISD District 2
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED