

# 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: <div style="font-size: 1.5em; text-align: center;">14</div>
3 COMMITTEE NAME <div style="font-size: 1.2em;">Great Schools, Great City SPAC</div>		<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <hr/> Date Received  <div style="font-size: 1.2em; color: red; text-align: center;">RECEIVED</div> <div style="font-size: 1.2em; color: red; text-align: center;">APR 28 2022</div> <div style="font-size: 1.2em; color: red; text-align: center;">Board of Education</div> <hr/> Date Hand-delivered or Date Postmarked  <hr/> Receipt #      Amount \$  <hr/> Date Processed  <hr/> Date Imaged </div>	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE <div style="font-size: 1.2em;">6341 Klamath Road FORT WORTH, TX 76116</div>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR    FIRST    MI    SUFFIX <div style="font-size: 1.2em;">JUDY    G</div> <hr/> NICKNAME    LAST <div style="font-size: 1.2em;">Needham</div>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE <div style="font-size: 1.2em;">6341 Klamath Road FORT WORTH, TX 76116</div>		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE <div style="font-size: 1.2em;">SAME</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION <div style="font-size: 1.2em;">(817) 732-0181</div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15  <input type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election  <input checked="" type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> Exceeded Modified Reporting Limit  <input type="checkbox"/> Dissolution Report (Attached PAC-FR)  <input type="checkbox"/> 10th day after campaign treasurer termination </div> </div>		
10 PERIOD COVERED	Month    Day    Year         Month    Day    Year <div style="font-size: 1.2em;">3 / 29 / 22      THROUGH      4 / 27 / 22</div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  <div style="font-size: 1.2em;">5 / 7 / 22</div> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other  <input checked="" type="checkbox"/> General    <input checked="" type="checkbox"/> Special    Description: _____ </div> </div>		
GO TO PAGE 2			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <u>Great Schools, Great City SPAC</u>		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  <input type="checkbox"/> OFFICEHOLDER  <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <u>CANDIDATES:</u> <u>Dr. Brian Dixon, Dr. Camille Rodriguez</u> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>OFFICE SOUGHT:</u> <u>Dixon-FWISD Dist. 4, Rodriguez-FWISD Dist. 1</u>	
		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>22,050.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>20,503.53</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,743.49</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,500.00</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:

Sworn to and subscribed before me, by the said Judy G. Needham, this the 28<sup>th</sup> day of April, 20 22, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton Exec. Secretary  
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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>22,050.00</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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>20,503.53</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: <b>9</b>
2 FILER NAME <b>Great Schools, Great City SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>H. Carter Burdette</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>4717 Lafayette, Ft. Worth, TX 76107</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

  

Date <b>3/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. &amp; Mrs. John Tucker</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>2604 Colonial Pkwy., Ft. Worth, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>3/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. &amp; Mrs. Paul Ray, Jr.</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>5914 El Campo, Ft. Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>3/29/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ralph H. Duggins</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>4209 Ridgehaven Ct., Ft. Worth, TX 76116</b>		
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.

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2 FILER NAME <b>Great Schools, Great City SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/1/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mrs. Melinda Vance</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>3901 Mockingbird Ct, FT. WORTH TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

  

Date <b>3/30/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Miss Lyda Hunt Hill</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Contributor address; City; State; Zip Code <b>3525 Turtle Creek Blvd., #15B, Dallas, TX 75219</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>3/30/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. + Mrs. Edwin Bell</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3509 Elm Creek Ct, FT. WORTH TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>3/30/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. and Mrs. John McClane</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>3862 Candlelite Dr, Fort Worth TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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2 FILER NAME <u>Great Schools, Great City SPAC</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/30/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr. and Mrs. John Whitaker</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>311 Sunset Lane, Fort Worth, TX 76114</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mrs. Lynda L. Shropshire</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>108 N. Rivercrest Dr., Ft Worth TX 76107</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr. and Mrs. J. David Tracy</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>2734 Colonial Pkwy., Fort Worth TX 76109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/30/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mrs. Lovella B. Baker</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>1804 Deepdale, Ft. Worth, TX 76109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Ronald B. Goldman 6 Contributor address; City; State; Zip Code 1880 Hulen St, Ft. Worth,	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Lindy Hudson Contributor address; City; State; Zip Code 4713 Oak Trail, Ft. Worth, TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. David Hull Contributor address; City; State; Zip Code 3958 Santa Park, Ft. Worth, Texas 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Joy Ann Havran Contributor address; City; State; Zip Code 4804 Overton Hollow, Ft. Worth, TX 76109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Great Schools, Great City SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/31/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dr. &amp; Mrs. Tom Rogers Jr.</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>3034 Tanglewood Park W, Fort Worth TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/1/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. &amp; Mrs. Wm. W. Meadows</b>	Amount of contribution (\$) <b>\$1200.00</b>
Contributor address; City; State; Zip Code <b>121 Rivercrest Dr., Ft. Worth, Texas 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. and Mrs. J.T. Ward</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>3601 Monticello Dr., Ft. Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/2/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mrs. Gail W. Rawl</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>4 Westover Rd., Ft. Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Great Schods, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Robt. J. Turner, III, M.D. 6 Contributor address; City; State; Zip Code 6370 Lansdale Rd, Ft. Worth TX 76116	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. David S. Sykes Contributor address; City; State; Zip Code 2000 Spanish Trail, Ft. Worth TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Peter Sterling Contributor address; City; State; Zip Code 66 Westover Terrace, Ft. Worth TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Bourke Harvey Contributor address; City; State; Zip Code 4900 Westridge, #3, Ft. Worth TX 76116	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elken F. Messman	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 6000 Westove Dr., Ft. Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Michael P. Needham	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6251 Klamath Rd., Ft. Worth TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Doug Harman	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2222 Winton Terr, W., Ft. Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Marty V. Leonard	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 1411 Shady Oaks Ln., Ft. Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mrs. Madelon L. Bradshaw	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2120 Ridgmar Blvd, #12, Ft. Worth TX 76116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Common Sense, Common Solutions PAC	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code PO Box 9891, Arlington, VA 22219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. and Mrs. Billy Hamkin	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1620 Carleton Ave, Ft. Worth Texas 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. and Mrs. Michael Crain	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4450 Oak Park Ln, #100427, Ft. Worth TX 76147		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Great Schools, Great City SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. and Mrs. David F. Thornton</b>	7 Amount of contribution (\$) <b>\$300.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 471609, Ft Worth, TX 76147</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mrs. Virginia S. Smith</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>1408 Westover Ln, Ft. Worth TX 76107</b>		
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>2</b>	2 FILER NAME <b>Great Schools, Great City SPAC</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/31/22</b>	5 Payee name <b>Veritex Bank</b>	
6 Amount (\$) <b>\$15.00</b>	7 Payee address; City; State; Zip Code <b>2424 Merrick Street, Ft. Worth, TX 76107</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Banking Expense</b>	(b) Description <b>Fee</b>
	(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		
Date <b>4/2/22</b>	Payee name <b>Flowers On The Square</b>	
Amount (\$) <b>\$488.53</b>	Payee address; City; State; Zip Code <b>4701 White Settlement Rd, Ft. Worth, TX 76114</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	Description <b>Flowers</b>
	<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		
Date <b>4/7/22</b>	Payee name <b>Dr. Camille Rodriguez, DPM Campaign</b>	
Amount (\$) <b>\$5,000.00</b>	Payee address; City; State; Zip Code <b>2005 Clinton Ave, Ft. Worth, TX 76164</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</b>	Description <b>Candidate for FWSD District 1</b>
	<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  
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: <b>2</b>	2 FILER NAME <b>Great Schools, Great City SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/22</b>	5 Payee name <b>Dr. Brian J. Dixon, M.D. Campaign</b>		
6 Amount (\$) <b>\$10,000.00</b>	7 Payee address; City: State: Zip Code <b>PO Box 11886, Fort Worth, TX 76110</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contribution</b>		(b) Description <b>Candidate for FWISD District 4</b>
	(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			
Date <b>4/22/22</b>	Payee name <b>Dr. Brian J. Dixon, M.D. Campaign</b>		
Amount (\$) <b>\$5,000.00</b>	Payee address; City: State: Zip Code <b>PO Box 11886, Fort Worth, TX 76110</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</b>		Description <b>Candidate for FWISD District 4</b>
	<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			
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			
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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED