

**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 15 2021 Board of Education Date Hand-delivered or Date Postmarked 7-15-2021 Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
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		
5 CAMPAIGN TREASURER NAME	MS <input checked="" type="radio"/> MRS / MR FIRST Judy LAST Needham	MI G 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		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(817) 732-0181	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" 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 4 / 22 / 21		Month Day Year 6 / 30 / 21
	THROUGH		
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 21		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____

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**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.)

- CANDIDATE
 OFFICEHOLDER
 MEASURE

CANDIDATE/OFFICEHOLDER NAME: **Officeholders: Daphne Brookins + Anael Lvebanas
Candidate: Dr. Michael Ryan**

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) \$

Check here if this report qualifies for the higher itemization threshold

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ **5,800.00**

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$

4. TOTAL POLITICAL EXPENDITURES \$ **10,142.98**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ **117.02**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ **1,500.00**

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 G. Needham, this the 15th day of July, 20 21, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton Admin. Asst.
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 Great Schools, Great City SPAC		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,800.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,500.00
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,142.98
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: 2
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 5/6/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Fersing	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3800 Trailwood Lane Ft. Worth TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trey Brown	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 208 Virginia Place, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Wm. E. Hall	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2308 Medford Ct. W., Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Pat Purvis	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4121 Rowan Dr., Ft. Worth, TX 76116		
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: 2
2 FILER NAME Great Schools, Great City \$ PAC		3 Filer ID (Ethics Commission Filers)
4 Date 5/6/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. Wm. A. Hudson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 18 Valley Ridge Rd., Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Terry R. Montesi	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2101 Bradford Park, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila B. Johnson	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 4636 Harley Ave., Ft. Worth, TX 76107		
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.

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: 1
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,500.00
5 Date of loan 6/27/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDY G NEEDHAM	9 Loan Amount (\$) 1,500.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 6341 Klamath Road Fort Worth, TX 76116	10 Interest rate NA
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) Self employed-parttime raiser		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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 N	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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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 **5/11/21** 5 Payee name **Daphne Brookins**

6 Amount (\$) **\$500.00** 7 Payee address; City; State; Zip Code
4729 Leonard Street
Forest Hill, TX 76119

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Contribution** (b) Description **Campaign Expenses**
(c) Check if travel outside of Texas. Complete Schedule T. 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 **5/18/21** Payee name **Murphy Nasica**

Amount (\$) **\$1,326.02** Payee address; City; State; Zip Code
815 Brazos St, Ste A #304, Austin, TX 78701

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing Expense** Description **Mailing**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date **5/28/21** Payee name **Dr. Michael Ryan**

Amount (\$) **\$8,245.00** Payee address; City; State; Zip Code
5248 Agave Way, Fort Worth, TX 76126

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Contribution** Description **Campaign Expenses**
 Check if travel outside of Texas. Complete Schedule T. 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)
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4 Date 4/30/21	5 Payee name Veritex Bank
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6 Amount (\$) \$56.96	7 Payee address; City; State; Zip Code 2424 Merrick St., Ft. Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking Expense	(b) Description Stamp
	(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
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Date 6/30/21	Payee name Veritex Bank
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 2424 Merrick St., Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking Expense	Description Fee
	<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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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