

**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:

17

3 COMMITTEE NAME

Great Schools, Great City SPAC

OFFICE USE ONLY

Date Received

RECEIVED

APR 22 2021

Date Hand-delivered 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

NICKNAME

LAST

SUFFIX

JUDY G
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) 732-0181

9 REPORT TYPE

☐ January 15
☐ July 15

☐ 30th day before election
☒ 6th 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

3 / 23 / 21

THROUGH

Month Day Year

4 / 21 / 21

11 ELECTION

ELECTION DATE

Month Day Year

5 / 1 / 21

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.)

☒ **SUPPORT**
(Candidate or Measure)

☐ **OPPOSE**
(Candidate or Measure)

☐ **ASSIST**
(Officeholder)

☒ **CANDIDATE**

☒ **OFFICEHOLDER**

☐ **MEASURE**

CANDIDATE / OFFICEHOLDER NAME

Officeholders: Daphne Brookins + Anael Luebanos
Candidate: Dr. Michael Ryan

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

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)

\$ 11,875.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 19,015.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$ 2,960.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

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)

LAURA LITTON

MY COMMISSION EXPIRES

AUGUST 11, 2024

NOTARY ID: 124966812

Please complete either option below:

Sworn to and subscribed before me, by the said Judy G. Needham, this the 22nd
day of April, 20 21, to certify which, witness my hand and seal of office.

Laura Litton
Signature of officer administering oath

Laura Litton
Printed name of officer administering oath

Adm. Asst
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	\$ 11,875.00
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 CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,015.00
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: 12
2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Luke Ellis	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 1205 Mistletoe Dr. Ft. Worth, TX 76110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Russ Wohlers	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 620 Roaring Springs Rd, Ft. Worth, TX 76114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Paul R. Ray Jr.	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 5914 El Campo, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Bert N. Honea	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 4701 Harley Ave, Ft. Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Great Schools. Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Janie F. Rector	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 325 N. Broadway Rd, Azle, TX 76020		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Fradean W. French	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 300 Hazelwood Dr, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Gene Dozier	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 2501 Museum Way, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Loftin V. Witcher	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 401 Ridgewood Rd, Ft. Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. David Hull	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 3958 Sarita Park, Fort Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Robert L. Greenman	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 6459 Floyd Dr., Ft. Worth, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Honorable Kay Granger	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 3100 W. Seventh, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Ed Hudson	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 55 Nestover Terr, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dr. and Mrs. Wm. E. Tucker	7 Amount of contribution (\$) \$150
6 Contributor address; City; State; Zip Code 2337 Colonial Pkwy, Ft. Worth TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. and Mrs. Joe R. Martin Jr.	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 6001 Westover Dr., Ft. Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mrs. Emmy Lou Prescott	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1800 Western Ave, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. and Mrs. Reed Pigman, Jr.	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 9133 Dickson Rd., Ft. Worth, TX 76119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. David F. Chappell	7 Amount of contribution (\$) \$250
6 Contributor address: City: State: Zip Code 932 Roaring Spring Rd, Ft. Worth, TX 76114		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Bill Cranz	Amount of contribution (\$) \$50
Contributor address: City: State: Zip Code 4001 W. Fifth St, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Peter Sterling	Amount of contribution (\$) \$100
Contributor address: City: State: Zip Code 66 Westover Terr, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ms. Judy Rosenblum	Amount of contribution (\$) \$200
Contributor address: City: State: Zip Code 3900 W. Biddison, Ft. North, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. and Mrs. Mike Needham	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 6251 Klamath Rd., Ft Worth, TX 76116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Hayden H. Cutler, Jr.	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 3825 Camp Bowie, Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Wm. W. Meadows	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 121 Rivercrest Dr., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Bert Williams	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 1700 Ellington Dr., Ft. Worth, TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <u>Great Schools, Great City SPAC</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/31/21</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</u>
6 Contributor address; City; State; Zip Code <u>311 Sunset Ln, Ft. Worth, TX 76114</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/31/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr. and Mrs. John Maddux</u>	Amount of contribution (\$) <u>\$200</u>
Contributor address; City; State; Zip Code <u>2120 Ridgmar Blvd, #214 Ft. Worth, TX 76116</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/31/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr. and Mrs. Richard Minker</u>	Amount of contribution (\$) <u>\$200</u>
Contributor address; City; State; Zip Code <u>2865 Manorwood Tr, Ft. Worth, TX 76109</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/31/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr and Mrs. Garland M. Lasater, Jr</u>	Amount of contribution (\$) <u>\$1,000</u>
Contributor address; City; State; Zip Code <u>1301 Humble Ct, Ft. Worth, TX 76107</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Gail W. Rawl	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 4 Westover Rd, Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Jim Beckman	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 2300 Medford Ct. E, Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. + Mrs. Tim Ward	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 3601 Monticello Dr., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Doug Black	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 2031 Ward Pkwy., Ft. Worth, TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 4/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dr. Richard O. Hubbard	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 1824 Westover Sq., Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. and Mrs. Scott M. Kleberg	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 104 Hazelwood Dr., Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. and Mrs. Chris Garcia	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2709 Manorwood Tr., Ft. Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. Sam Brous	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 556 Eighth Ave, Ft. Worth, TX 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. and Mrs. Tom Rogers, Jr.	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 3034 Tanglewood Pk. W., Ft. Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. R.E. Sweeney	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 2444 Stonebridge Pl., Ft. Worth, TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Madelon L. Bradshaw	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 2120 Ridgmar Blvd., #12, Ft. Worth, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. Edwin Bell	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 3509 Elm Creek Ct., Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <u>Great Schools, Great City SPAC</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/20/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Hon. and Mrs. Roger Williams</u>	7 Amount of contribution (\$) <u>\$ 500</u>
6 Contributor address; City; State; Zip Code <u>P O Box 1382, Ft. Worth, TX 76101</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/20/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr. Sid R. Bass</u>	Amount of contribution (\$) <u>\$3,000</u>
Contributor address; City; State; Zip Code <u>201 Main St., Ste. 2700, Ft. Worth TX 76102</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/20/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mr. and Mrs. Ralph Cox</u>	Amount of contribution (\$) <u>\$250</u>
Contributor address; City; State; Zip Code <u>501 Samuels Ave, #640, Ft. Worth, TX 76102</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/20/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mrs. Virginia S. Smith</u>	Amount of contribution (\$) <u>\$1,000</u>
Contributor address; City; State; Zip Code <u>1408 Westover Ln., Fort Worth TX 76107</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. and Mrs. John Robinson	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 4459 Kirkland Dr., Fort Worth, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Bourke Harvey	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 4900 Nestridge #3, Ft Worth, TX 76116		
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)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 FILER NAME Great Schools, Great City SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/21	5 Payee name Veritex Bank		
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 2424 Merrick St, Ft. Worth, TX 76107		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee		(b) Description Banking Expense
	(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 3/26/21	Payee name Dr. Michael Ryan		
Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 5248 Agave Way, Ft. Worth, TX 76126		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Campaign Expenses
	<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 4/7/21	Payee name Daphne Brookins		
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 4729 Leonard St, Forest Hill, TX 76119		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution		Description Campaign Expenses
	<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
Parking 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: 2	2 FILER NAME Great Schools, Great City SPAC	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/21	5 Payee name Dr. Michael Ryan	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 5248 Agave Way, Ft. Worth, TX 76126	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description Campaign Expenses
	(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 4/20/21	Payee name Dr. Michael Ryan		
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 5248 Agave Way, Ft. Worth, TX 76126		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Campaign Expenses	
	<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