

# 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:

7

3 COMMITTEE NAME

Great Schools, Great City SPAC

OFFICE USE ONLY

Date Received

RECEIVED

JUL 22 2025

Board of Education

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

6341 Klamath Road  
Fort Worth, TX 76116

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS  MRS / MR

FIRST

Judy

MI

G

NICKNAME

LAST

Needham

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Same as above

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Same as above

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 223-0552

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

4 / 25 / 25

THROUGH

Month Day Year

June 30 / 25

11 ELECTION

ELECTION DATE

Month Day Year

5 / 3 / 25

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 \_\_\_\_\_ **13** Filer ID (Ethics Commission Filers) \_\_\_\_\_

<b>14</b> COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> <b>CANDIDATE</b>	CANDIDATE/OFFICEHOLDER NAME <i>Amanda Inay for District 1</i> <i>Dr. Michael Riva for District 9</i>
	<input checked="" type="checkbox"/> <b>OFFICEHOLDER</b>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> <b>MEASURE</b>	BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year / / DESCRIPTION _____

<b>15</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ _____
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>17,650.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>8,346.22</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>21,365.64</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>11,500.00</i>

**16** SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Judy G. Needham*  
\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

**Please complete either option below:**

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judy Needham, this the 22nd day of July, 2025, to certify which, witness my hand and seal of office.

*Veronica Ramirez* \_\_\_\_\_ *Veronica Ramirez* \_\_\_\_\_ *Notary Public* \_\_\_\_\_  
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>17,650.00</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>8,346.22</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: **3**

2 FILER NAME

**Great Schools, Great City SPAC**

3 Filer ID (Ethics Commission Filers)

4 Date

**5/1/25**

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

**Beth Rivers**

7 Amount of contribution (\$) **\$200.00**

6 Contributor address; City; State; Zip Code

**4900 Riverbend Dr., Ft. Worth, TX 76109**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**5/1/25**

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

**Mr. and Mrs. Bob Semple**

Amount of contribution (\$) **\$250.00**

Contributor address; City; State; Zip Code

**3962 Sarita Park, Ft. Worth, TX 76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/1/25**

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

~~604 E. 4th St., Ft. Worth, TX 76102~~  
**Mr. and Mrs. Richard Davidovich**

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code

**604 E. 4th St., Ft. Worth, TX 76102**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/1/25**

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

**Students for the Future**

Amount of contribution (\$) **\$6000.00**

Contributor address; City; State; Zip Code

**801 Overlook, Prosper, TX 75078**

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: <b>3</b>
2 FILER NAME <b>Great Schools, Great City SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/1/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Madelon Bradshaw</b>	7 Amount of contribution (\$) <b>\$200.00</b>
	6 Contributor address; City; State; Zip Code <b>2120 Ridgmar Blvd., Ste 12, Ft. Worth TX 76116</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/1/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. and Mrs. Bob Greenman</b>	Amount of contribution (\$) <b>\$50.00</b>
	Contributor address; City; State; Zip Code <b>6459 Floyd Dr., Ft. Worth, TX 76116</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/1/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. Pete Geren</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>PO Box, 1041, Ft. Worth, TX 76101</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/1/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. and Mrs. Trey Brown</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>208 Virginia Pl., Ft. Worth, TX 76116</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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>3</b>
2 FILER NAME <b>Great Schools, Great City SPAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/1/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. and Mrs. Tom Harris</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>601 Samuels Ave., Unit 440, Ft. Worth, TX 76102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/28/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Honorable Kay Granger</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Contributor address; City; State; Zip Code <b>5755 Clearfork Main St, Ft. Worth, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/28/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>O'Hanlon, Demecath + Castillo</b>	Amount of contribution (\$) <b>\$5,000.00</b>
Contributor address; City; State; Zip Code <b>426 W. Caffery Ave, Pharr, TX 78577</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)

**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: <b>1</b>	2 FILER NAME <b>Great Schools, Great City SPAC</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/30/25</b>	5 Payee name <b>Catalyst Advisor Group LLC</b>	
6 Amount (\$) <b>\$1,500.00</b>	7 Payee address; City; State; Zip Code <b>1108 Lavaca St., Austin, TX 78701</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	(b) Description <b>For Candidate mailing</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>4/30/25</b>	Payee name <b>Catalyst Advisor Group</b>	
Amount (\$) <b>\$6,846.22</b>	Payee address; City; State; Zip Code <b>1108 Lavaca St., Austin, TX 78701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>For Fundraising Expense</b>	Description <b>For Candidate Mailing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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