

# 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:

3 COMMITTEE NAME  
**YesforHEBISD**

**OFFICE USE ONLY**

Date Received

**RECEIVED**  
4:02 PM.  
OCT 6 2025

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**PO Box 210272 Bedford, TX 76095**

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**Mr. Garry**

NICKNAME LAST SUFFIX  
**Hamilton**

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**2609 Ellison Ct. Bedford, TX 76021**

7 CAMPAIGN TREASURER MAILING ADDRESS  
 Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**2609 Ellison Ct. Bedford, TX 76021**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 817 ) 980-6301**

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 Month Day Year  
**09 / 05 / 25 THROUGH 09 / 25 / 25**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other  
**11 / 04 / 25**  General  Special Description \_\_\_\_\_

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC  
COVER SHEET PG 2**

**12** COMMITTEE NAME  
YesforHEBISD

**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 type="checkbox"/> <b>CANDIDATE</b>	CANDIDATE / OFFICEHOLDER NAME		
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> <b>MEASURE</b>	BALLOT IDENTIFICATION / # <b>Prop A</b>	ELECTION DATE Month Day Year <b>11 / 04 / 25</b>	
		DESCRIPTION <b>Hurst-Eules-Bedford ISD Prop A - VATRE</b>		

<b>15</b> CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1334.36
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4.	TOTAL POLITICAL EXPENDITURES	\$ 5012.38
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 835.66
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.

  
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 \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath  
 \_\_\_\_\_  
 OR

**(2) Unsworn Declaration**

My name is Garry Hamilton, and my date of birth is Dec. 3, 1946  
 My address is 2609 Ellison Court Bedford TX 76021 USA  
 (street) (city) (state) (zip code)(country)  
Tarrant County, State of Texas, on the 6 day of Oct, 2025.  
 (month) (year)

  
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

# FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <b>YesforHEBISD</b>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 934.36
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 400
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	\$
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5012.38
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>1/3</b>
<b>2</b> FILER NAME YesforHEBISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/17/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garry Hamilton <b>6</b> Contributor address; City; State; Zip Code 2609 Ellison Ct. Bedford, TX 76021	<b>7</b> Amount of contribution (\$) \$100
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren & John Biggan Contributor address; City; State; Zip Code 817 Forest Crossing Dr. Hurst, TX 76053	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Peery Contributor address; City; State; Zip Code 3404 Millridge Dr. Bedford, TX 76021	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Jones Contributor address; City; State; Zip Code 411 Westcliff Dr. Euless, TX 76040	Amount of contribution (\$) \$200
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.		

# 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>2/3</b>
2 FILER NAME <b>YesforHEBISD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/19/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerrilyn Woodard-Entrekin</b> 6 Contributor address; City; State; Zip Code <b>2709 Cedar Springs Ct. Bedford, TX 76021</b>	7 Amount of contribution (\$) <b>\$25</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/19/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Evans</b> Contributor address; City; State; Zip Code <b>9056 Westbriar Dr. Dallas, TX 75228</b>	Amount of contribution (\$) <b>\$0.66</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/23/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cathy Patrick</b> Contributor address; City; State; Zip Code <b>106 Park Haven Blvd. Euless, TX 76039</b>	Amount of contribution (\$) <b>\$25</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/24/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Silvia Medrano</b> Contributor address; City; State; Zip Code <b>3709 Ladera Dr. Bedford, TX 76021</b>	Amount of contribution (\$) <b>\$23.70</b>
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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>3/3</b>
<b>2</b> FILER NAME YesforHEBISD		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/25/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara Bernhardt	<b>7</b> Amount of contribution (\$) \$50
<b>6</b> Contributor address; City; State; Zip Code 1913 Shumac Ln. Bedford, TX 76022		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

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 C1: 1
2 FILER NAME YesforHEBISD		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/25	5 Corporation / Labor Organization name Meteor Education ..... 6 Corporation / Labor Organization address; City; State; Zip Code 690 NE 23rd Ave Gainesville, FL 32609	7 Amount of contribution (\$)  \$200
Date 09/25/25	Corporation / Labor Organization name Brackett & Ellis, P.C. ..... Corporation / Labor Organization address; City; State; Zip Code 3005 Iron Stone Ct	Amount of contribution (\$)  \$200
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILED NAME YesforHEBISD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date 09/05/25	<b>6</b> Payee name Mayes Media Group	
<b>7</b> Amount (\$) 512.38	<b>8</b> Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Domains purchased for PAC & web hosting
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 09/05/25	Payee name Mayes Media Group	
Amount (\$) \$1850	Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web design
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME YestorHEBISD	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date 09/05/25	<b>6</b> Payee name Mayes Media Group	
<b>7</b> Amount (\$) 650	<b>8</b> Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Logo Design
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 09/05/25	Payee name Mayes Media Group	
Amount (\$) \$2000	Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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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