

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 YesforHEBISD | | <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0; color: blue;">2:00 PM</p> <p style="margin: 0; color: blue;">DEC 18 2025</p> </div> <p style="margin-top: 10px; color: blue; font-weight: bold; font-size: 1.2em;">BUSINESS OPERATIONS</p> | | | | | | | | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 210272 Bedford, TX 76095 | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>MS / MRS / MR</small> Mr.</td> <td style="width:40%;"><small>FIRST</small> Garry</td> <td style="width:30%;"><small>MI</small></td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small> Hamilton</td> <td><small>SUFFIX</small></td> </tr> </table> | | | <small>MS / MRS / MR</small> Mr. | <small>FIRST</small> Garry | <small>MI</small> | <small>NICKNAME</small> | <small>LAST</small> Hamilton | <small>SUFFIX</small> | |
| <small>MS / MRS / MR</small> Mr. | <small>FIRST</small> Garry | | | <small>MI</small> | | | | | | |
| <small>NICKNAME</small> | <small>LAST</small> Hamilton | <small>SUFFIX</small> | | | | | | | | |
| 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 <input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2609 Ellison Ct. Bedford, TX 76021 | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>AREA CODE</small> (817)</td> <td style="width:40%;"><small>PHONE NUMBER</small> 980-6301</td> <td style="width:30%;"><small>EXTENSION</small></td> </tr> </table> | <small>AREA CODE</small> (817) | <small>PHONE NUMBER</small> 980-6301 | <small>EXTENSION</small> | | | | | | |
| <small>AREA CODE</small> (817) | <small>PHONE NUMBER</small> 980-6301 | <small>EXTENSION</small> | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Dissolution Report (Attached PAC-FR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table> | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input checked="" type="checkbox"/> Dissolution Report (Attached PAC-FR) | | <input type="checkbox"/> Runoff | <input type="checkbox"/> 10th day after campaign treasurer termination |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input checked="" type="checkbox"/> Dissolution Report (Attached PAC-FR) | | | | | | | | |
| | <input type="checkbox"/> Runoff | <input type="checkbox"/> 10th day after campaign treasurer termination | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>Month</small> <small>Day</small> <small>Year</small></td> <td style="width:40%; text-align: center;"><small>THROUGH</small></td> <td style="width:30%;"><small>Month</small> <small>Day</small> <small>Year</small></td> </tr> <tr> <td style="text-align: center;">10 / 26 / 25</td> <td></td> <td style="text-align: center;">11 / 13 / 25</td> </tr> </table> | <small>Month</small> <small>Day</small> <small>Year</small> | <small>THROUGH</small> | <small>Month</small> <small>Day</small> <small>Year</small> | 10 / 26 / 25 | | 11 / 13 / 25 | | | |
| <small>Month</small> <small>Day</small> <small>Year</small> | <small>THROUGH</small> | <small>Month</small> <small>Day</small> <small>Year</small> | | | | | | | | |
| 10 / 26 / 25 | | 11 / 13 / 25 | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"><small>ELECTION DATE</small></td> <td style="width:60%;"><small>ELECTION TYPE</small></td> </tr> <tr> <td><small>Month</small> <small>Day</small> <small>Year</small></td> <td><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other</td> </tr> <tr> <td style="text-align: center;">11 / 04 / 25</td> <td><input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description: _____</td> </tr> </table> | <small>ELECTION DATE</small> | <small>ELECTION TYPE</small> | <small>Month</small> <small>Day</small> <small>Year</small> | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other | 11 / 04 / 25 | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description: _____ | | | |
| <small>ELECTION DATE</small> | <small>ELECTION TYPE</small> | | | | | | | | | |
| <small>Month</small> <small>Day</small> <small>Year</small> | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other | | | | | | | | | |
| 11 / 04 / 25 | <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)

| | | | |
|--|--|--|--|
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> CANDIDATE | CANDIDATE / OFFICEHOLDER NAME | |
| | <input type="checkbox"/> OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | |
| | <input checked="" type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # Prop A | ELECTION DATE Month Day Year 11 / 04 / 25 |
| | | DESCRIPTION Hurst-Eules-Bedford ISD Prop A - VATRE | |

| | | |
|-------------------------------|---|-------------|
| 15 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) | \$ 8,500 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8,274.73 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |
| 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.

Garry Hamilton

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 (street), Bedford (city), TX (state), 76021 (zip code), USA (country).

Executed in Tarrant County, State of Texas, on the 23 day of November, 2025.

Garry Hamilton

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

| | | |
|---|---|--|
| 17 COMMITTEE NAME YesforHEBISD | | 18 Filer ID (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ 8500 |
| 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 | \$ 8274.73 |
| 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 391.75 |
| 14. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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 10/30/25 | 5 Corporation / Labor Organization name Teague, Nall, & Perkins 6 Corporation / Labor Organization address; City; State; Zip Code 5237 N Riverside Dr #100 Fort Worth TX 76137 | 7 Amount of contribution (\$) \$1,500 |
| Date 10/31/25 | Corporation / Labor Organization name Joeris General Contractors Corporation / Labor Organization address; City; State; Zip Code 823 Arion Pkwy San Antonio TX 78216 | Amount of contribution (\$) \$7000 |
| 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 (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |

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 YesforHEBISD | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/28/25 | 5 Payee name Moises Reinos | |
| 6 Amount (\$) \$20 | 7 Payee address; City; State; Zip Code 1545 Forest Park Circle #137 Bedford TX 76021 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Sign Distribution |
| | (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 10/31/25 | Payee name Mayes Media Group | |
| Amount (\$) \$1800 | Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Website 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 |
| Date 11/4/25 | Payee name Mayes Media Group | |
| Amount (\$) \$1200 | Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Round 1 texts |
| | <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 |

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 YesforHEBISD | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/4/25 | 5 Payee name Mayes Media Group | |
| 6 Amount (\$) \$1900 | 7 Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Round 2 texts |
| | (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 10/31/25 | Payee name Heather Peery | |
| Amount (\$) \$3119.02 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | Description Reimbursement for yard signs |
| | <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 11/5/25 | Payee name Heather Peery | |
| Amount (\$) \$235.71 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | Description PO Box rental, materials for sign placement |
| | <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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 1 | 2 FILER NAME YesforHEBISD | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/13/25 | 5 Payee name HEB Education Foundation | |
| 6 Amount (\$) 391.75 | 7 Payee address; 2816 Bedford Rd, Bedford, TX 76021 | City State Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) Other | (b) Description (See instructions regarding type of information required.) Donation to non-profit of remaining funds |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
STATEMENT OF DISSOLUTION**

FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME
YesforHEBISD

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Garry Hamilton

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

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 (street), TX (city), TX (state), 76021 (zip code)(country)

Executed in Tarrant County, State of _____, on the 23 day of November, 20 25.

Garry Hamilton

Signature of Campaign Treasurer (Declarant)