

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:

5

3 COMMITTEE NAME

Great Schools, GreatCity SPAC

OFFICE USE ONLY

Date Received

4 COMMITTEE
ADDRESS

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

☐ Change of Address

6341 Klamath Road
Fort Worth TX 76116

RECEIVED

APR 7 2012

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Da

Receipt #

Amount \$

NICKNAME

LAST

SUFFIX

Date Processed

Date Imaged

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



Initial filing



30th day before election



Exceeded Modified Reporting Limit

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

13 Filer ID (Ethics Commission Filers)

12 COMMITTEE NAME

14 COMMITTEE
PURPOSE

NAME

☐ CANDIDATE

(Attach lists on plain paper to
state this report if

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

necessary.)

☐ OFFICEHOLDER

DATE

☐ ASSIST
(Officeholder)

15 CONTRIBUTION

T

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ONS (OTHER THAN
ANS. OR

\$

SUBTOTALS - SPAC

FORM SPAC

18 Filer ID (Ethics Commission Filers)

NAME OF SCHEDULE

\$ AMOUNT

17 C
Gr

EE NAME

Schools, Great City SPAC

SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

3. ☒ SCHEDULE B: PLEDGED CONTRIBUTIONS

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 2,000.00

4. ☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

5. ☐ SCHEDULE C2: NON Y (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR
ORG

SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

\$

\$ 30.00

SCHEDULE E: LOANS

\$

SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

DO NOT INCLUDE: names of the deceased

~~4 Total pages Schedule A1~~

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	☐ out-of-state PAC ID#	7 Amount of contribution (\$)
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\$2,000.00

6 Contributor address; City; State; Zip Code

Date _____

☐ Out of State FAX ID#: 512-355- San Antonio, TX 78205

File name: Generation_1st file (See instructions)

a Employer (See Instructions)

☐ out-of-state PAC (ID#):

~~with a 100% yield. Oil contains less than 0.5% volatile skin care~~

2 FILER NAME

2 FILER NAME
Grant Schools Grant Ci 8000

5. **Answer:** 2.5×10^{-2}

Date _____

☐ out-of-state PAC

3/18/22

110 Broadway,

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____

Full name of contributor

Amount of contribution (\$)

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

3 Filer ID (Ethics Commission Filers)

4 Date 1/31/22

5 Payee name Veritex Bank

SPA

6 Amount (\$) \$15.00

7 Payee

City;

State;

Zip Code

Morrisk St. Fort Worth, TX 76107

(a) Category (See Categories listed at the top of this schedule) (b) Description

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

8 PURPOSE OF EXPENDITURE

Banking Expense

Fee

Amount (\$)

Payee address;

City;

State;

Zip Code

Date

Category (See Categories listed at the top of this schedule)

Description

1/31/22 Banking Expense

\$15.00

2424 Morrisk St, Fort Worth, TX 76107

Amount (\$)
PURPOSE OF EXPENDITURE

Payee address;

City;

Fee

State;

Zip Code

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held