

CAMPA GN F NANCE REPORT

COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

RECEIVED

JUL 15 2021

Board of

PURPOSE AND TOTALS

COVER SHEET PG 2

12 COMMITTEE NAME
Great Schools, Great City SPAC

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
☒ CANDIDATE

hne

Lirebanos

(Attach lists on plain paper to complete this report if necessary.)

OFFICEHOLDER / ELECTION DATE (Month/Day/Year)

necessary.)

☒ SUPPORT
(Candidate or Measure)

☒ OFFICEHOLDER

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

15th

litton

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	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,800.00</i>
	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7	☒ SCHEDULE E: LOANS	\$ <i>1,500.00</i>
8.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,1</i>
9.	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	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

1. If this is a contribution to a candidate for office, check the box that applies: ☐ This is a contribution to a candidate for office. ☐ This is not a contribution to a candidate for office.

3 Filer ID (Ethics Commission Filers)

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

6 C

La

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

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

rown

The Instruction Guide explains how to complete this form.

2

NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#) 7 Amount of contribution (\$)

+ Schools, Great City SPAC

\$100.00

Trey B

\$100.00

5/6/21

Date Full name of contributor ☐ out-of-state PAC (ID#) Amount of contribution (\$)

Mrs. E. Hall

Con addr City; Zip

5/6/21 230 ed Ct. W., Ft. TX \$100.00

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

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:

2

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Great

4 Date

7 Amount of contribution (\$)

5 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Mr.

A.

n

\$100.00

City; State; Zip Code

e Rd., Ft. Worth, TX 76107

☐ out-of-state PAC (ID#)

Mr and Mrs. Terry R. Montesi

5/6/21

Contributor address;

City;

State;

Zip Code

\$250.00

2101

Park, Ft. Worth, TX

7

Date

Amount of contribution (\$)

Full name of contributor

☐ out-of-state PAC (ID#)

Sheila B. Johnson

5/14/21

Contributor address;

City;

State;

Zip Code

\$5,000.00

4636 Harley Ave, Ft. Worth, TX 76107

LOANS

Total pages Schedule E:

File 10 (Within Commission Exempt)

☐ out-of-state PAC (ID#:

7 Name of lender

9 Loan Amount (\$)

6 Is lender
a financial
institution?

10 Interest rate

11 Maturity date

NA

City:

☐ out-of-state PAC (ID#:

Unilateral

☒ none

Check if personal funds were deposited into political
account (See Instructions)

2 FILER NAME

17 Name of guarantor

19 Amount Guaranteed (\$)

Great Schools, Great City SPAC

4 TOTAL OF UNITEMIZED LOANS

\$ 1,500.00

5 Date of loan

6/27/21

JUDY G NE HAM

1,500.00

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

Officeholder/Political Committee
Credit Card Payment

2. FILER NAME

4. Date 5. Payee name

5/11/21 Daphne Brookins

\$500.00 #729 Leona
Forest Hill, TX 76119

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

PURPOSE
OF
EXPENDITURE

Contribution

Campaign Expenses

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

5/18/21 Murphy Vasica

Amount (\$)
\$7,326.02 815 Brazos St, Ste A #304, Austin, TX 78701

PURPOSE

MAINT

Date

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)

1 Total pages Schedule F1 2 2 3 Filer ID (Ethics Commission Filers) E
4 Date 4/30/21 5 Payee Schools, Great City SPAC
itex Bank

(b) Description

PURPOSE
OF
EXPENDITURE

Banking Expense Stamp

6/30/21
\$56.96 2424 itex Bank
1000 St., Ft. Worth, TX 76107

PURPOSE

Fee

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name
Office sought
Office held
Date

Amount (\$) Payee address; City; State; Zip Code
\$15.00 2424 Merrick St., Fort Worth, TX 76107

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

Banking Expense

Consulting Expense
Contributions Made By

Food/Beverage Expense
Gift/Awards/Memorials Expense

Polling Expense
Printing Expense

Travel In District
Travel Out Of District

PURPOSE
OF
EXPENDITURE

Candidate / Officeholder name

Office sought

Office held

Date Payee name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE F AS NEEDED

Amount (\$) Payee address; City; State; Zip Code