

**SPEC FIC-PURPOSE COMMITTEE
CAMPA GN F NANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

The SPAC Instruction Guide explains how to complete this form.

6

3 COMMITTEE NAME

Great Schools, Great City SPAC

OFFICE USE ONLY

Date

4 COMMITTEE
ADDRESS

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

☐ Change of Address

6341 Klamath Road
Fort Worth, TX 76116

AC

Postmarked

5 CAMPAIGN
TREASURER
NAME

MS MR FIRST

Receipt #

Date Processed

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

SPEC F C-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

13 Filer ID (Ethics Commission Filers)

12

nael

COMMITTEE
PURPOSE
h lists on plain paper to
ete this report if
necessary.)

☐ CANDIDATE

OFFICE SOUGHT (candidate) / OFFICE

OFFICEHOLDER

☒ SUPPORT
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month / Day / Year

☐ OP
(Ca or Measure)

☐ MEASURE

DESCRIPTION

☐ ST
eholder)

15 CONTRIBUTION
TOTALS

T
L
T

ONS (OTHER THAN
ANS, OR

\$

2. TOTAL N UT
(OTHER , S, ARANTEES OF LOANS)

\$

200.06

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

EXPENDITURE
TOTALS

4. TOTAL POLITICAL EXPENDITURES

\$

90.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$

27.02

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

1500.00

16 SIGNATURE

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

Please complete either option below:

this the

Signature of Campaign Treasurer (Declaration)

AFFIX NOTARY STAMP / SEAL ABOVE

day of , 20 _____, to certify which, witness my hand and seal of office.

of officer

oath

Printed name of officer

oath

Title of

FORM SPAC
COVER SHEET DC 2

17

NAME _____

18 Filer ID (Ethics Commission Filers)

School Is. Great City SPAC

SUBTOTAL
AMOUNT

 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 200.00

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

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

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

☐ SCHEDULE C2 : N Y (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR

\$

6. ☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION

\$

7 SCHEDULE 1 DARS

\$

8. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

90.00

9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

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

\$

11 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

\$

\$

TO FILER

SCHEDULE A1

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

1 Total pages Schedule A1:		
2 FILER NAME		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
☐ out-of-state PAC		
6 Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
☐ out-of-state PAC (ID#)		
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
☐ out-of-state PAC		
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Political Expenses	Travel Out of 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.		

6 Amount (\$)

\$15.00

7 Payee address;

City;

State;

Zip Code

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

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

5

nk

Amount (\$)

\$15.00

Payee address;

State;

Zip Code

2424 Merriek St, Fort Worth, TX 76107

8

PURPOSE

9c

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

(b) Description

Description

Banking Expense

Fee

CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 3(a)

The Instruction Guide explains how to complete this form.

1. Total 2. FILER NAME
G mls. Great City SPAC
4 5 Payee name

SS: City: State: Zip Code
\$15.00 Merrick St, FLW-11, TX 76107

PURPOSE OF EXPENDITURE Banking Expense Fee

Date 11/30/21 Veritex Bank

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