SPEC F C-PURPOSE CO TTEE
CA PA G F NA CE REPO

FORM SPAC
COVER SHEET PG 1

[redacted]

RECEIVED
JUL 17 2023
Board of Education

Amount $ 0

7

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

Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

JUDY

NICKNAME LAST SUFFIX

NEEDHAM

Receipt #

Date Processed

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

SPEC F C-PU POSE CO EE RE O T:

P POSE A D TO LS

FORM SPAC
COVER SHEET PG 2

S BTOTALS - S C

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME

d Great Ci SPAC

18 Filer ID (Ethics Commission Filers)

	$ 5
	$
3	$
	$
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
5	$
	$
	$
	$ 50049
	$
	$
	$
	$
13.	$
	$

SCHEDULE B: PLEDGED CONTRIBUTIONS

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

SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR

MONETARY POLIT CAL CONTR BUTIONS

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: 4

2 LE: r

3 Filer ID (Ethics Commission Filers): Schools, Great City SPAC

4 Date	5 Full name of contributor	☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
6/8/23	K Gra	Campaign Fund	$5,000.00

6 Contributor address; City; State; Zip Code: 611 Pennsylvania Ave, S c7, Washington D.C. 3

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC	Amount of contribution ($)
6/8/23	M nd Mrs.	l Price	$250.00

Contributor address; City; State; Zip Code: 24 Lands End, Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
6/8/23	Dr. and Mrs. Tom	ers,	$ .00

Contributor address; City; State; Zip Code: 3034 Tangle d PK, W, Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
6/8/23	Haydn H. Cutler, Jr.		$250.00

Contributor address; City; State; Zip Code: 3825 Camp Bowie Blvd, Ft.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4

6/8/23 $200.00

Kathleen A. Comm

6/8/23 $100.00

City: State

6 Springs Rd., Ft

If the [illegible] information is not applicable, DO NOT include this page in the report.

H. Robinson

$100.00

4439 Kirkl Rd., Ft. Worth, TX 76103

Steven S. Siks

6/8/23

tribu

3 8 [illegible] S., Ft.

NE P LITIC L CONTRIBUTIONS

SCHEDULE 1

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: 4

2 Fi
G Schools, G City SPAC

3 Filer ID (Ethics Commission Filers)

4 Date [redacted] 5 Full [redacted] Hull 7 Amount of contribution ($)

6/8/23 $100.00

[redacted]

City: e $250.00

6 Contributor a Stat
395 ita Ft. W

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

$100.00
2800 S. Hulen

$100.00

2501 Museum , #719, Ft. Worth Tx 76107

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

6/8/23 Mrs. Lynne Johnson

Contributor address:
1600 Texas

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

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

6/8/23 James M. Loveless

NE P LITIC L CONTRIBUTIONS

SCHEDULE 1

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: 1

[redacted]

6/21/23 $100.00

[redacted]

6/21/23 and Mrs, T. Ward 3 Filer ID (Ethics Commission Filers) $50.00

[redacted]

6/21/23 M dds $250.00

5111 Paluxy Hwy, Granbury, TX, 76048

[redacted]

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

requested. DO NOT include this page in the report.

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Food/Beverage Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Payee name

6 Amount ($) 7

7 Payee Self

City:

Code 7X

(b) Description

PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name