#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00068591 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of SAFA Texas Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 10803 Gulfdale, Ste 100 Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78216 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Daniel J. NAME NICKNAME LAST **SUFFIX** Petri STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 10803 Gulfdale, Ste. 100 STREET **ADDRESS** (Residence or Business) San Antonio, TX 78216 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 45 N.E. Loop 410, Ste. 100 MAILING **ADDRESS** San Antonio, TX 78216 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 496-2215 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 04/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/04/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |  |  | 13 Filer ID     | (Ethics Commission Filers) |  |
|---|--|--|-----------------|----------------------------|--|
| Friends of SAFA Texas 000   |  |  |                 |                            |  |
| 14 COMMITTEE<br>ACTIVITY  | Candidates (Identify by name or, if applicable, classify by party.)                | A. Supported Jack Hoyle School Board Trus  | stee            |                            |  |
| (Attach lists on plain paper to complete this report if necessary.) |  | B. Opposed   |                 |                            |  |
|   | Measures  (Describe by date and location of election and nature of issue.)         | A. Supported  B. Opposed   |                 |                            |  |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) |  |                 |                            |  |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS N  | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold | \$              | 0.00                       |  |
|   |  | AL CONTRIBUTIONS<br>EDGES, LOANS, OR GUARANTEES OF LOANS)  | \$              | 5,000.00                   |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZE   | D POLITICAL EXPENDITURES   | \$              | 0.00                       |  |
|   | 4. TOTAL POLITICA  | AL EXPENDITURES  | \$              | 13,267.17                  |  |
| CONTRIBUTION<br>BALANCE   |  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   |                 |                            |  |
| OUTSTANDING<br>LOAN TOTALS  | •  | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD  | THE \$          | 0.00                       |  |
| 16 AFFIDAVIT  | <u> </u>   |  | <u> </u>        |                            |  |
|   |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all infor<br>under Title 15, Election Code.                   |                 |                            |  |
|   |  | Mr Dan   | iel 1 Petri     |                            |  |
| Mr. Daniel J. Petri Signature of Campaign Treasurer                 |  |  |                 |                            |  |
| AFFIX NOTAF   | RY STAMP / SEAL ABOVE  |  |                 |                            |  |
| Sworn to and subscrib   | ed before me, by the said _  | , tł   | nis 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 office | er administering oath      |  |

### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

### FORM GPAC **ADDENDUM**

|   |  |  |  | Page 3 01 9  |
|---|--|--|--|--|
|   |  |  | 13 Filer ID  | (Ethics Commission Filers)   |
|   |  |  | 00068591   |  |
| 1. Candidates (Identify by name or, if applicable, classify by party.)                |  | Rhonda Rowland School Board  | Trustee  |  |
|   | B. Opposed   |  |  |  |
| 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.) | A. Supported   |  |  |  |
|   | B. Opposed   |  |  |  |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)    |  |  |  |  |
| Candidates (Identify by name or, if applicable, classify by party.)                   |  | Christopher Evans School Board   | d Trustee  |  |
|   | B. Opposed   |  |  |  |
| 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.) | A. Supported   |  |  |  |
|   | B. Opposed   |  |  |  |
| Assisted (Identify by name or, if   |  |  |  |  |
|   |  |  |  |  |
|   | 1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if | 1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed | 1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Christopher Evans School Boar  Christopher Evans School Boar  Christopher Evans School Boar  A. Supported  B. Opposed  A. Supported  Christopher Evans School Boar  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Christopher Evans School Boar  Christopher Evans School Boar | 1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Christopher Evans School Board Trustee  A. Supported  Christopher Evans School Board Trustee  A. Supported  Christopher Evans School Board Trustee  B. Opposed  A. Supported  Christopher Evans School Board Trustee  Chescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Christopher Evans School Board Trustee  B. Opposed  B. Opposed |

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

|  |     |  |              | _  | 4 of 9    |
|--|-----|--|--------------|----|-----------|
| 17 COMMITTEE NAME Friends of SAFA Texas  18 Filer ID (00068591 |     |  |              |    | n Filers) |
|  |     | T  |              |    |           |
| 19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE                        |     |  |              |    | MOUNT     |
| 1.   | Х   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      |              | \$ | 5,000.00  |
| 2.   |     | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |              | \$ |           |
| 3.   |     | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$ |           |
| 4.   |     | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION       | )R           | \$ |           |
| 5.   |     | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR     | \$ |           |
| 6.   |     | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                        | ANIZATION    | \$ |           |
| 7.   |     | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION           |              | \$ |           |
| 8.   |     | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                      | ORGANIZATION | \$ |           |
| 9.   |     | SCHEDULE E: LOANS  |              | \$ |           |
| 10.  | . X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | S            | \$ | 9,385.17  |
| 11.  |     | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | \$ |           |
| 12.  |     | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION                   | ONS          | \$ |           |
| 13.  | . X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |              | \$ | 3,882.00  |
| 14.  |     | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                 | ONS          | \$ |           |
| 15.  | . X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I<br>TO FILER     | RETURNED     | \$ | 4.58      |
|  |     |  |              |    |           |
| i  |     |  |              |    |           |

| 2 FILER NAME Friends of SAFA Texas   | Total pages Schedule A1:                     |
|--|--|
| Friends of SAFA Texas  4 Date  | Sch: 1/1 Rpt: 5/9                            |
| 05/01/2024 Desouza, Jason 6 Contributor address; City; State; Zip Code San Antonio, TX 78230  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions) | Filer ID (Ethics Commission Filers) 00068591 |
| 8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)   | Amount of Contribution (\$) \$5,000.00       |
|  |  |
|  |  |
|  |  |

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
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 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |  |
| Sch: 1/2 Rpt: 6/9  | Friends of SAFA Texas  | 00068591   |  |  |  |  |  |
| 4 Date   | 5 Payee name   | ·  |  |  |  |  |  |
| 04/26/2024   | 3D Signs   |  |  |  |  |  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip C                              | ode  |  |  |  |  |  |
| \$2,153.67   | 7986 1st St.   |  |  |  |  |  |  |
| Expenditure from   |  |  |  |  |  |  |  |
| corporate funds  | Somerset, TX 78069   |  |  |  |  |  |  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |  |  |  |  |  |
| OF<br>EXPENDITURE  | Printing Expense   | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
|  |  | Check if Austin, TX, officeholder living expense Yard Signs and Pushcards                                |  |  |  |  |  |
|  |  | Tara Signs and Fashbaras   |  |  |  |  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office so                            | Lught Office held  |  |  |  |  |  |
| expenditure to benefit C/OI  |  | Board Trustee  |  |  |  |  |  |
| Date   | Payee name   |  |  |  |  |  |  |
| 05/02/2024   | Edgerton Strategies LLC  |  |  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip C                                | ode  |  |  |  |  |  |
| \$4,500.00   | 1540 Keller Parkway  |  |  |  |  |  |  |
| • ,  | #108-402   |  |  |  |  |  |  |
| Expenditure from corporate funds   | Keller, TX 76248   |  |  |  |  |  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |  |  |  |  |  |
| OF   | Consulting Expense   | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |
| EXPENDITURE  |  | Check if Austin, TX, officeholder living expense   |  |  |  |  |  |
|  |  | Consulting and Mailings  |  |  |  |  |  |
| 2 1 2 2 1 1 2 1  | - :::::::::::::::::::::::::::::::::::::                          |  |  |  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                  | Candidate/Officeholder name Office sort Rhonda, Rowland School E | ught Office held<br>Board Trustee  |  |  |  |  |  |
|  | Trionaa, rowana School E   | Joan Trustee   |  |  |  |  |  |
| Date   | Payee name   |  |  |  |  |  |  |
| 05/07/2024   | Garcia, Cesario  |  |  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip C                                | ode  |  |  |  |  |  |
| \$2,700.00   | 6904 NW Loop 1604  |  |  |  |  |  |  |
| Expenditure from   | Box 320  |  |  |  |  |  |  |
| corporate funds  | San Antonio, TX 78249  |  |  |  |  |  |  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |  |  |  |  |  |
| EXPENDITURE  | Advertising Expense  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |  |  |
|  |  | Video Production   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office so                            | ught Office held   |  |  |  |  |  |
| expenditure to benefit C/OI  | <sup>H</sup> Christopher, Evans School E                         | Board Trustee  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Gitt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 2/2 Rpt: 7/9  | Friends of SAFA Texas 00068591   |
| 4 Date   | 5 Payee name   |
| 06/30/2024   | Vantage Bank   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$31.50  | 45   |
|  | NE Loop 410  |
| Expenditure from corporate funds   | San Antonio, TX 78216  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense   |
|  | Bankcard Merchant Fees   |
|  |  |
| Complete ONLY if direct<br>expenditure to benefit C/O                                      | Candidate/Officeholder name Office sought Office held H  |
|  |  |

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a cate)

| Candidate/Officeriolide//Folitica         | · ·   | ruction Guide explains how       | ŭ   | TILK (eliter a category ii            | ot iistea ai | 50vc)    |
|---|---|----------------------------------|---|---------------------------------------|--------------|----------|
| 1 Total pages Schedule F4:                |   |                                  |   | 3 Filer ID (Ethics Commission Filers) |              |          |
| Sch: 1/1 Rpt: 8/9                         | Friends of SAFA Te  | exas                             | 00068591  |                                       |              |          |
| 4 CREDIT CARD ISSUER                      |   | ncial institution<br>n Express   | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$                                    |              |          |
| 6 PAYMENT                                 | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issuer                              | Paid                                  |              |          |
| Expenditure from corporate funds          | \$530.43  | 05/03/2024                       |   |                                       |              |          |
| 7 PAYEE                                   | (a) Payee name  Awaloo Printing & Sign Shop   |                                  | (b) Payee address;<br>7905 4th Street<br>Somerset, TX 78069 | City,                                 | State,       | Zip Code |
| 8 PURPOSE OF                              | (a) Category  |                                  | (b) Description   |                                       |              |          |
| EXPENDITURE  X Political                  | (See Categories listed at the top<br>Printing Expense                                     | of this schedule)                | Yard Signs  |                                       |              |          |
| Non-Political                             | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX,  | officeholder living expens            | se           |          |
| 9 Complete ONLY if direct                 | Candidate/Officeholder  | name Offic                       | e sought  | Office held                           |              |          |
| expenditure to benefit C/OH               | Hoyle, Jack   | Sch                              | ool Board Trustee   |                                       |              |          |
| PAYMENT                                   | (a) Amount Charged  | (b) Date of Charge               | (c) Date(s) Credit Card Issuer                              | Paid                                  |              |          |
| Expenditure from corporate funds          | \$2,937.28  | 05/03/2024                       |   |                                       |              |          |
| PAYEE                                     | (a) Payee name  |                                  | (b) Payee address;  | City,                                 | State,       | Zip Code |
|   | Edgerton Strategies LLC   |                                  | 1540 Keller Parkway<br>#108-402<br>Keller, TX 76248         |                                       |              |          |
| PURPOSE OF EXPENDITURE  X Political       | (a) Category<br>(See Categories listed at the top of this schedule)<br>Consulting Expense |                                  | (b) Description Consulting and Mailings                     |                                       |              |          |
| Non-Political                             | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX,  | officeholder living expens            | se           |          |
| Complete ONLY if direct                   | Candidate/Officeholder  | name Offic                       | e sought  | Office held                           |              |          |
| expenditure to benefit C/OH               | Hoyle, Jack   | Sch                              | ool Board Trustee   |                                       |              |          |
| PAYMENT  Expenditure from corporate funds | (a) Amount Charged<br>\$414.29  | (b) Date of Charge<br>05/03/2024 | (c) Date(s) Credit Card Issuer                              | Paid                                  |              |          |
| PAYEE                                     | (a) Payee name  |                                  | (b) Payee address;  | City,                                 | State,       | Zip Code |
|   | 3D Signs  |                                  | 7986 1st St. Somerset, TX 78069                             |                                       |              |          |
| PURPOSE OF EXPENDITURE  X Political       | (a) Category (See Categories listed at the top of this schedule) Printing Expense         |                                  | (b) Description Yard signs and Pushcards                    |                                       |              |          |
| Non-Political                             | (c) Check if travel outside   | of Texas. Complete Schedule T.   | Check if Austin, TX,  | officeholder living expens            | se           |          |
| Complete ONLY if direct                   |   |                                  |   |                                       |              |          |
| expenditure to benefit C/OH               | Hoyle, Jack   | Sch                              | ool Board Trustee   |                                       |              |          |
|   |   |                                  |   |                                       |              |          |

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/9 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Friends of SAFA Texas 00068591 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/28/2024 \$4.58 Vantage Bank 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78216 Purpose for which amount is received Check if political contribution returned to filer Interest