

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME Families for Education and Opportunity | 13 Filer ID (Ethics Commission Filers) 00088924 |
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|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Justin Rodriguez Bexar County Commissioner |
| | | B. Opposed |
| | 2. 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.) | |
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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 4,500.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 50,045.80 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

16 AFFIDAVIT

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

Daiana Lambrecht

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this 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 officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 8

| | | |
|---|--|---|
| 12 COMMITTEE NAME Families for Education and Opportunity | | 13 Filer ID (Ethics Commission Filers) 00088924 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Peter Sekai Bexar County Judge |
| | | B. Opposed |
| | 2. 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.) | |
| | | |

SUBTOTALS - GPAC

| 17 COMMITTEE NAME Families for Education and Opportunity | | 18 Filer ID (Ethics Commission Filers) 00088924 |
|--|--|---|
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 9. <input type="checkbox"/> SCHEDULE E: LOANS | | \$ |
| 10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | \$ 4,500.00 |
| 11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | | \$ |
| 13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | \$ 3,872.28 |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/8 | 2 FILER NAME Families for Education and Opportunity | 3 Filer ID (Ethics Commission Filers) 00088924 |
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| 4 Date 12/09/2024 | 5 Payee name Justin Rodriguez Campaign |
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|---|---|
| 6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 100153 San Antonio, TX 78201 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Primary Contribution |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date 12/16/2024 | Payee name Peter Sekai Campaign |
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| Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 15395 San Antonio, TX 78212 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Primary Contribution |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule I: Sch: 1/3 Rpt: 6/8 | 2 FILER NAME Families for Education and Opportunity | 3 Filer ID (Ethics Commission Filers) 00088924 |
| 4 Date 10/29/2024 | 5 Payee name Amalgamated Bank | |
| 6 Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Bank Fees |
| Date 11/27/2024 | Payee name Amalgamated Bank | |
| Amount (\$) 14.25 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Bank Fees |
| Date 12/30/2024 | Payee name Amalgamated Bank | |
| Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Bank Fees |
| Date 12/20/2024 | Payee name CT Corporation | |
| Amount (\$) 650.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 4349 Carol Stream, IL 80197 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Registered Agent Services |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule I: Sch: 2/3 Rpt: 7/8 | 2 FILER NAME Families for Education and Opportunity | 3 Filer ID (Ethics Commission Filers) 00088924 |
| 4 Date 12/03/2024 | 5 Payee name Elias Law Group | |
| 6 Amount (\$) 408.18 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 250 Massachusetts Ave NW Ste 400 Washington, DC 20001 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Legal Services | (b) Description (See instructions regarding type of information required.) Legal Services |
| Date 11/21/2024 | Payee name Intuit | |
| Amount (\$) 37.31 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Software Subscription |
| Date 12/23/2024 | Payee name Intuit | |
| Amount (\$) 37.31 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Software Subscription |
| Date 12/17/2024 | Payee name UPS | |
| Amount (\$) 197.23 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 55 Glenlake Pkwy NE Atlanta, GA 30328 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Shipping |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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|--|---|---|
| 1 Total pages Schedule I: Sch: 3/3 Rpt: 8/8 | 2 FILER NAME Families for Education and Opportunity | 3 Filer ID (Ethics Commission Filers) 00088924 |
| 4 Date 11/04/2024 | 5 Payee name Zintzo Consulting Co. | |
| 6 Amount (\$) 1,250.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip PO Box 2581 Boise, ID 83712 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Compliance Services |
| Date 12/03/2024 | Payee name Zintzo Consulting Co. | |
| Amount (\$) 1,250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 2581 Boise, ID 83712 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Compliance Services |