

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM **SPAC**
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087063		2 Total pages filed: 7	
		OFFICE USE ONLY			
3 COMMITTEE NAME Lockhart For Tomorrow PAC				Date Received ELECTRONICALLY FILED 01/15/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 693 Lockhart, TX 78644			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST Lisa		MI MI	
	 NICKNAME LAST SUFFIX Goerlitz			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 150 Parched Creek Crossing Lockhart, TX 78644			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 150 Parched Creek Crossing Lockhart, TX 78644			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 461-0225			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2024 THROUGH 12/31/2024			
11 ELECTION		ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Lockhart For Tomorrow PAC	13 Filer ID (Ethics Commission Filers) 00087063
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME _____ OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year 11/08/2002 DESCRIPTION Advocating for the Lockhart ISD School Bond	

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	\$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	\$	\$0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$980.00
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.

 Lisa Goerlitz
 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

SUBTOTALS - SPAC

17 COMMITTEE NAME Lockhart For Tomorrow PAC	18 Filer ID (Ethics Commission Filers) 00087063
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
8. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
9. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
10. <input checked="" type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 159.80
14. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 4/7

2 FILER NAME
Lockhart For Tomorrow PAC

3 Filer ID (Ethics Commission Filers)
00087063

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/7
2 FILER NAME Lockhart For Tomorrow PAC		3 Filer ID (Ethics Commission Filers) 00087063
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 6/7	2 FILER NAME Lockhart For Tomorrow PAC	3 Filer ID (Ethics Commission Filers) 00087063
4 Date 07/01/2024	5 Payee name First Lockhart National Bank	
6 Amount (\$) 13.95	7 Payee Address; City; State; Zip 111 South Main Street Lockhart, TX 78644	
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 08/01/2024	Payee name First Lockhart National Bank	
Amount (\$) 13.92	Payee Address; City; State; Zip 111 South Main Street Lockhart, TX 78644	
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 09/03/2024	Payee name First Lockhart National Bank	
Amount (\$) 13.94	Payee Address; City; State; Zip 111 South Main Street Lockhart, TX 78644	
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 10/01/2024	Payee name First Lockhart National Bank	
Amount (\$) 13.98	Payee Address; City; State; Zip 111 South Main Street Lockhart, TX 78644	
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 7/7	2 FILER NAME Lockhart For Tomorrow PAC	3 Filer ID (Ethics Commission Filers) 00087063
4 Date 11/01/2024	5 Payee name First Lockhart National Bank	
6 Amount (\$) 13.96	7 Payee Address; City; State; Zip 111 South Main Street Lockhart, TX 78644	
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 12/02/2024	Payee name First Lockhart National Bank	
Amount (\$) 14.05	Payee Address; City; State; Zip 111 South Main Street Lockhart, TX 78644	
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 11/14/2024	Payee name United States Postal Service	
Amount (\$) 76.00	Payee Address; City; State; Zip 217 W Market St Lockhart, TX 78644	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Post Office Box	(b) Description (See instructions regarding type of information required.) Post Office Box Fee