

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT				FORM GPAC COVER SHEET PG 1		
The GPAC Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 89534		2 Total pages filed: 7	
3 COMMITTEE NAME Save Our Schools PAC				OFFICE USE ONLY		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 57 Roanoke TX 76262		Date Received <div>RECEIVED 3/14/25 Texas Ethics Commission</div>		
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Sandora A. NICKNAME LAST SUFFIX Tapia		Date Hand-delivered or Date Postmarked postmarked 2/21/25 Receipt # Amount \$ Date Processed 3/19/25 Date Imaged		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15629 2103 Fort TX 76177 Edgeview rd. Worth				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15629 2103 Fort TX 76177 Edgeview rd. Worth				
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (214) 336-4203				
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff				
10 PERIOD COVERED		Month Day Year 9 / 18 / 2024 THROUGH 10 / 7 / 2024				
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year 11 / 05 / 2024 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____				
GO TO PAGE 2						

FORM GPAC
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

SUBTOTALS - GPAC		FORM GPAC COVER SHEET PG 3	
17 COMMITTEE NAME Save Our Schools PAC		18 Filer ID (Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 111,809.32	
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 MADE FROM POLITICAL CONTRIBUTIONS		\$ 190	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS

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: 2
2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Danny W. Simpson	7 Amount of contribution (\$) \$70,809.32
6 Contributor address; City; State; Zip Code [redacted] Roanoke TX 76262		
8 Principal occupation / Job title (See Instructions) management		9 Employer (See Instructions) Tex Op Construction LP
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Caren C. Reaves	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code [redacted] Bartonville TX 76226		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey A. Diebold	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code [redacted] Argyle TX 76226		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Godwin G. Dixon	Amount of contribution (\$) \$20,000
Contributor address; City; State; Zip Code [redacted] Flower Mound TX 75022		
Principal occupation / Job title (See Instructions) management		Employer (See Instructions) Teresa's House
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

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: 2
2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph N. Marshall	7 Amount of contribution (\$) \$ 1,000
6 Contributor address; City; State; Zip Code [REDACTED] Roanoke TX 76262		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth N. Diebold	Amount of contribution (\$) \$ 5,000
Contributor address; City; State; Zip Code [REDACTED] Argyle TX 76262		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Will Carlton	Amount of contribution (\$) \$ 5,000
Contributor address; City; State; Zip Code [REDACTED] Flower Mound TX 75022		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		SCHEDULE F1	
If the requested information is not applicable, DO NOT include this page in the report.			
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.			
1 Total pages Schedule F1: 1		2 FILER NAME Save Our Schools PAC	
3 Filer ID (Ethics Commission Filers)			
4 Date 10/4/24		5 Payee name PNC Financial Services	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; 13309 N Fwy Fort Worth TX 76177	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	
		(b) Description wire expense	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date		Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date		Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date		Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Save Our Schools PAC	

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
5. I am filing this affidavit with the finance report report due on 10/7/24. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of Campaign Treasurer

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sanobia A. Tapia, and my date of birth is [REDACTED].

My address is 15629 Edgeview Rd. APT 2103, Fort Worth, TX, 76177 USA.

(street) (city) (state) (zip code) (country)

Executed in Denton County, State of TX, on the 21st day of Feb, 2025.

(month) (year)

Signature of Campaign Treasurer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

7

3 COMMITTEE NAME

Save Our Schools PAC

OFFICE USE ONLY

Date Received

RECEIVED

OCT 08 2024

DENTON COUNTY ELECTIONS

by [Signature]

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE
ADDRESS

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

PO BOX 57 Roundoke TX 76262

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

Sanobia

A

NICKNAME LAST SUFFIX

Tapia

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

15269 APT 2103 Fort TX 76177
Edgeview rd Worth

7 CAMPAIGN
TREASURER
MAILING ADDRESS

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

15269 APT 2103 Fort TX 76177
Edgeview rd Worth

☒ Change of Address

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 336-9203

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Dissolution Report (Attach PAC-DR)

☐ July 15

☐ 8th day before election

☐ 10th day after campaign treasurer
termination

☐ Runoff

10 PERIOD
COVERED

Month Day Year

9 / 18 / 2024

THROUGH

Month Day Year

10 / 7 / 2024

11 ELECTION

ELECTION DATE

Month Day Year

11 / 05 / 2024

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description _____

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE
PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME <u>Save Our Schools PAC</u>		13 Filer ID (Ethics Commission Filers)
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 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.)	
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	\$ <u>111,809.32</u>
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>111,809.32</u>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>190</u>
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ <u>190</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>15,225</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Smari Tauri
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP



Sworn to and subscribed before me, by the said Sandria Tapia, this the 8th day of Oct., 20 24, to certify which, witness my hand and seal of office.

Deborah Wood Deborah Wood Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - GPAC

17 COMMITTEE NAME Save Our Schools PAC		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 111,809.32
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 190
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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:

2

2 FILER NAME

Save Our Schools PAC

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Danny W. Simpson

7 Amount of contribution (\$)

\$70,809.32

6 Contributor address;

City;

State;

Zip Code

Roanoke

TX

76262

8 Principal occupation / Job title (See Instructions)

management

9 Employer (See Instructions)

TexOp Construction LP

Date

Full name of contributor

☐ out-of-state PAC (ID#:

10/4/24

Caren C. Reaves

Amount of contribution (\$)

\$5,000

Contributor address;

City;

State;

Zip Code

Bartonsville TX

76226

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

10/4/24

Jeffrey A. Diebold

Amount of contribution (\$)

\$5,000

Contributor address;

City;

State;

Zip Code

Argyle

TX

76226

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

10/4/24

Godwin G Dixon

Amount of contribution (\$)

\$20,000

Contributor address;

City;

State;

Zip Code

Flower
Mound

TX

75022

Principal occupation / Job title (See Instructions)

management

Employer (See Instructions)

Teresa's House

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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: 2
2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph N. Marshall	7 Amount of contribution (\$) \$ 1,000
6 Contributor address; City; State; Zip Code [REDACTED] Roundhouse TX 76262		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth N. Diebold	Amount of contribution (\$) \$ 5,000
Contributor address; City; State; Zip Code [REDACTED] Argyle TX 76226		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Will Carlton	Amount of contribution (\$) \$ 5,000
Contributor address; City; State; Zip Code [REDACTED] Flower Mound TX 75022		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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.

1 Total pages Schedule F1: 1	2 FILER NAME Save Our Schools PAC	3 Filer ID (Ethics Commission Filers)
4 Date 10/4/24	5 Payee name PNC financial Services	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; 13388 N Fwy	City; State; Zip Code Fort Worth TX 76177
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description wire expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

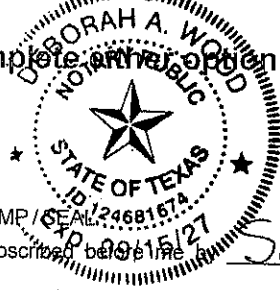
Filer name <u>Save Our Schools Now</u>	Filer ID #
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OFFICE USE ONLY	
Date Received RECEIVED	
OCT 08 2024	
DENTON COUNTY ELECTIONS by <u>Dudley</u>	
Date Hand-Delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
5. I am filing this affidavit with the finance report report due on 10/7/24. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete ~~either~~ one option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sanobia Tapia this the 8th day of Oct 20 24, to certify which, witness my hand and seal of office.

Deborah Wood Deborah Wood Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

Save Our Schools PAC
PO Box 57
Roundroke TX 76262

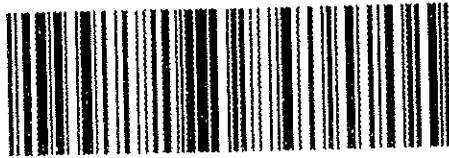
UNITED STATES POSTAL SERVICE®
CERTIFIED MAIL®

FOR USE ONLY WITH IMpb SHIPPING LABEL

Label 3800-N, January 2014

PSN 7690-17-000-0906

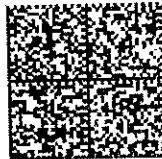
USPS CERTIFIED MAIL



9407 1118 9956 0981 3849 08

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\$9.16 US POSTAGE
FIRST-CLASS IMI
Feb 21 2025
Mailed from ZIP 76226
11 OZ FIRST-CLASS MAIL FLATS
RATE
ZONE 3
17146707



063S0011718299

endicia

USPS FIRST-CLASS

Sanobia Tapia
Sanobia Tapia
1569 Edgeview Rd
Fort Worth TX 76177

B100

SHIP TO: Texas Ethics Commission
PO BOX 12070
AUSTIN TX 78711

Texas Ethics Commission
PO Box 12070
Austin, TX 78711-2070

RECEIVED

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Texas Ethics Commission