	PURPOSE CO I FINANCE RE		#89534			ORM GPAC HEET PG 1
The GPAC Instruction G	uide explains how to complete	e this form.	1 Filer ID (Ethics Con	mmission Filers)	2 Total pages	filed;
3 COMMITTEE NAME	. !		3/14/2	5	OFFIC	E USE ONLY
Save C	our Schoo	ols PF	\C	s Commission	Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SI	UITE#; CITY ROCKNO	_	ZIP CODE 74262		EIVED 2 8 2024
Change of Address					DENTON COU	NTY ELECTIONS ed or Date Postmarked
5 CAMPAIGN TREASURER NAME	So	FIRST LMODICA LAST		мı IA	Receipt #	Amount \$
	Ta	pia		SUFFIX	Date Imaged	3/19/2025
6 CAMPAIGN TREASURER STREETADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX F 15269 Edgeview rd	APT	tort	STATE;	ZIP CODE TUITT	
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	street ADDRESS OR PO BOX: 15269 Edgeview rd.	APT/SUITE APT 2103	Fort.	STATE;	ZIP CODE FL 177	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE I	9203	EXTENSION	·		
9 REPORTTYPE	January 15 July 15		day before election ay before election		Dissolution Report (A 10th day after campai termination	• •
10 PERIOD COVERED	Month Day	Year 2014	THROUGH		Month Day	Year 2024
1 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024	Primary General	ELEC Runoff Special	CTION TYPE Othe	er ecription————	
		GO TO PAC	GE 2			

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22

Forms provided by Texas Ethics Commission

R: 100994453

Revised 1/1/2024

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	ur Schools Pf	7L	13 Filer I	ID (Ethics Commission Filers)
14 COMMITTEE	1. Candidates		<u></u>	
ACTIVITY	Candidates (Identify by name or, if	A. Supported		
·	applicable, classify by party.)			
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)	1			
	2. Measures	A. Supported		
	(Describe by date and location of election and		i	
	nature of issue.)	B. Opposed		
		ĺ	I	
	3. Officeholders		******	
	Assisted			
	(Identify by name or, if applicable, classify by party.)	1		
15 CONTRIBUTION				1
TOTALS	PLEDGES, LOANS, OR	POLITICAL CONTRIBUTIONS (OTHER THA R GUARANTEES OF LOANS, OR	AN	\$
	CONTRIBUTIONS MAD	DE ELECTRONICALLY)		l
	Check here if this repo	ort qualifies for the higher itemization thre	eshold	30,350
	2. TOTAL POLITICAL C		-	
***********************	(OTHER THAN PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 30,350
EXPENDITURE	3. TOTAL UNITEMIZED P	POLITICAL EXPENDITURES		
TOTALS				\$
	4. TOTAL POLITICAL EX	VDENNITHEE		~ / ^ /
	7. 101501001111	APENDITURES		\$ 98.65
CONTRIBUTION	5. TOTAL POLITICAL CON	NTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY	
BALANCE	OF THE REPORTING P	ERIOD	MG1 5,	\$ 99.65
OUTSTANDING	6. TOTAL PRINCIPAL AMO	OUNT OF ALL OUTSTANDING LOANS AS	OF THE	A
LOAN TOTALS	LAST DAY OF THE REP	ORTING PERIOD		\$ 6,303.35
16 SIGNATURE	swear, or affirm, under pen-	alty of perjury, that the accompanyi	ranart	• • • • • • • • • • • • • • • • • • • •
iı	ncludes all information requir	red to be reported by me under Title	'Ing report - 15 Electio	is true and correct and
		1000	10, 100	on Code.
	ENE MCCLOUD	Signature of Character	20	
My Comp	D #126386356 mission Expires	Signature of Campa	aibn Treasur	rer (Declarant)
Janua	ry 24, 2028 Please co	omplete either option below:		
(1) ATHURVIT		•		
AFFIX NOTARY STAMP / S	SEAL AROVE			
1 + + + + + + + + + + + + + + + + + + +	JEWENDO & C			
Sworn to and subscribe	ے ed before me, by the said	Some The Town		クダ
- ^			···········	, this the 28
day of Uctober	_, 20, to certify whic	ch, witness my hand and seal of offic	ce.	
Mu Me		uia McClout		
Signature of officer admir		ame of officer administering oath		
	Total and the second se	OR	litte	of officer administering oath
(2) Unsworn Declaration	n			
wy hame to		, and my date of birth is	s	*
My address is	(street)			
Evecuted in	(50.500)	(city) (s	(state) (zip	p code) (country)
Choodied II:	County, State of	(city) (s , on the day of (mo		20
		(mic	onth)	(year)
		Signature of Co	omnojan Tra	(5.)

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

Revised 1/1/2024

Save Our Schools PAC	18 Filer ID (Ethics Co	mmission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$30,350
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	IONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION	N OR LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM ORGANIZATION	CORPORATION OR LABOR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LA	ABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION	OR LABOR ORGANIZATION	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION C	OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ 98.65
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	FICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	-	\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC		\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	RIBUTIONS RETURNED	\$
,		
ns provided by Texas Ethics Commission www.ethics.state.tx.us		Revised 1/1/202

SCHEDULE A1

If the requested information is not applicable, $\ensuremath{\text{DO NOT}}$ include this page in the report.

The	Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Sav	e Our Scho	ols PH	AC.	
4 Date	E	Court of state PA		J 7 Amount of contribution (\$)
	Phillip & Lyn	Ray		
101+124	Phillip 3 Lyn 6 Contributor address;		State; Zip Code	\$1,500
		Flower	TX 75028	
	<u> </u>	Mound	1 7 1002	
	pation / Job title (See Instructions))	9 Employer (See Instr	uctions)
1.2.(etired			
Date	Full name of contributor	Out-of-state PA	C (ID#:	Amount of contribution (\$)
	Curtis we	112		
10115124	Contributor address:	City;	State; Zip Code	\$3,000
		Araule	TX 76226	
		1, 11,	, , , , , , , ,	
	ation / Job title (See Instructions)		Employer (See Instr	
<u> </u>	nagement:		The Clas	sic Cate
Date	Full name of contributor	out-of-state PAC	C (ID#:	Amount of contribution (\$)
	Donn McGi	ire		
10/15/24	Contributor address;			1 2- 000
	Continuator address,	City:	State; Zip Code	\$5,000
		Corinta	TX 76210	
Principal occupa	ation / Job title (See Instructions)		Employer (See Instri	uctions)
	Retired			
Dale	Full name of contributor	out-of-state PAC	; (iD#:) Amount of contribution (\$)
	Janet L.	Hood-	Hamalasy	
10/15/24		• • • • • • • • • • • • • • • • • • • •	1,1000,1001.	1 210 000
10113121	Contributor address;	tlightanc	State; Zip Code	000,018
		Village	TX 75077	
Principal occupa	g uan i aas uus (aas uusussasiotis)	<u> </u>	Employer (See Instru	uctions)
<u> </u>	2etired	·		
	4			
	ATTACH ADDIT	IONAL COPIES C	OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC	, please see Instru	ection guide for additional	reporting requirements.
	<u> </u>			

SCHEDULE A1

	pago III alo Topo	
The Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 3
2 FILER NAME Save Our Schools P	MC	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state Mary Stewart		7 Amount of contribution (\$)
10/17/24 6 Contributor address: City;	State; Zip Code e TX 76262	\$100
8 Principal occupation / Job title (See Instructions) Professor	9 Employer (See Instruc Texas Way	tions) law's University
Date Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
10/18/24 Contributor address: City: Houston	State; Zip Code	\$ 250
Principal occupation / 300 title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor □ out-of-state f	PAC (ID#:)	Amount of contribution (\$)
	State; Zip Code TX 76226	\$1,000
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
Contributor address: City:	State; Zip Code TX 74034	\$3,500
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructi	ons)
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst	OF THIS SCHEDULE AS NE truction guide for additional re	EDED porting requirements.

SCHEDULE A1

T1	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAN	ve Our Schools PAC	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
212512	6 Contributor address; City; State; Zip Code HOUSTON TX 77019	\$5,000
	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Allison Newport	Amount of contribution (\$)
012512	Contributor address: City: State: Zip Code Houston TX 77010	\$1,000
	upation / Job title (See Instructions) Employer (See Instructions) CH Management Consultant	tions)
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
	Contributor address: City; State; Zip Code	
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	cions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address: City: State; Zip Code	
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED

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
Credil Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Travel Out Of District Other (enter a categor Legal Services 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) Our Schools PIAC Save 4 Date 24 <u>Venmo</u> 151101 6 Amount (\$) Payee address; City; State: Zip Code HF New YORK Expenditure from corporate funds NY 10014-2826 Barrow St. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Accounting/Banking transaction fee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10/18/24 Venmo Amount (\$) Payee address; City; State: Zip Code 117 Expenditure from corporate funds New York NY 10014-2826 Barrow St. Category (See Categories listed at the top of this schedule) Description PURPOSE transaction fee Accounting / Banking **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 10/21/24 Venmo Amount (\$) Payee address; City; State; Zip Code 117 Expenditure from New York NY Expenditure ... corporate funds 10014-2826 Barrow St. Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Accounting transaction fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

nission www.ethics.state.tx.us

Revised 1/1/2024

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
Condidate/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 d	complete this form.	Onter terrier a caleg	ory not iisted above)
1 Total pages Schedule F1	Save our Schools	PAC	3 Filer ID (Ethic	s Commission Filers)
4 Date 10/25/24	5 Payee name Venwo			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Expenditure from corporate funds	Barrow St.	New York	- NY	10014-2826
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***************************************	
PURPOSE OF EXPENDITURE	Accounting / Banking	transac	tion fee	-
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	-	Office held
Date	Payee name			
10/11/24	PNC financial sen	rices		
Amount (\$)	Payee address;	City;	State;	Zip Code
Expenditure from corporate funds	13388 N FWY	fort worth	$\chi_{\mathcal{T}}$	76177
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Accounting / Banking	wire e	xpense	
	Check if travel outside of Texas, Complete Schedule T.	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			
10/21/24	PNC financial service	ves		
Amount (\$)	Payee address;	City;	State;	Zip Code
Expenditure from corporate funds	13388 N Fwy	Fort	XT	76177
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	wire e	xpense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDIN E AS NEED	ED	

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services 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) OUT SCHOOK PAC Save 4 Date 5 Payee name 10/23/24 PNC financial services 6 Amount (\$) 7 Payee address: State: Zip Code Fort Expenditure from 13389 N Fwy Heitt TXcorporate funds Worth (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Accounting / Banking wire expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name PNC financial services 10/24/24 Amount (\$) Payee address; City; State; Zip Code Fort Expenditure from corporate funds 76177 $\mathcal{X}\mathcal{T}$ 13388 N FWY Worth Category (See Categories listed at the top of this schedule) Description PURPOSE check expense Accounting / Banking EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name PNC financial services 10/25/24 Amount (\$) Payee address; City; State: Zip Code Fort 76177 13388 N Fwy Expenditure from corporate funds XΤ worth Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE / Banking wire expense ACCOUNTING Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought

expenditure to benefit C/OH

Office held



AFFIDAVIT FOR COMMITTEE: **ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report

	,		miss with such paper topol	••	cy sk		
Beginning on Jan	uary 1 2024	a campaign troopur	or of a political assemble.		Date Hamp-deliv	ered or Date Postmarked	
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.			Receipt #	Amount \$			
	s electronicali	.	•		Date Processed		_
Filer name Save	Our S	Schools PA	Filer ID #		Date Imaged	No. of Contract of	•••
1. I swear or aff more than \$3	2,810 in poli	political committee tical contributions	of which I am the cam or made more than \$32	paign tre 2,810 in	easurer has political exp	not accepted penditures 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 <u>finance</u> report due on 10 20 120 24 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 ontion be	How:
Notary ID #126386356 My Commission Expires January 24, 2028	Signature of Sampaign Treasurer
Sworn to and subscribed before me by	wobie Tapia this the 28 day of October,
20/27, to certify which, witness my hand a	nd seal of office.
Due Alecloul	1 on a Mccloux
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 theday of, 20
,	(month) (year)
	Signature of Campaign Treasurer (Declarant)
FILERS WHO ARE EXE ARE STILL REQUIRED	MPT FROM THE ELECTRONIC FILING REQUIREMENT TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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Revised 1/1/2024

OFFICE USE ONLY

Dat RECEIVED

OCT 28 2024 DENTON COUNTY ELECTIONS

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide e	explains how to complete th	ils form.	1 Filer ID (Ethics Commi	ission Filers)	2 Total pages file	ed:
3 COMMITTEE NAME Save Our	Schools 7	PAC			OFFICE I	USE ONLY
4 COMMITTEE ADDRESS	DRESS / PO BOX; APT / SUITI	E#; CIT	y; state; z	IP CODE U ZUZ	Date Hand-delivered	or Date Postmarked
TREASURER NAME	S/MRS/MR FIF SQ.V. DKNAME LA	0 /01/ 01 st	$oldsymbol{eta}$	UFFIX	Receipt # Date Processed Date Imaged	Amount \$
TREASURER STREET ADDRESS	reet address (NO PO BOX PLE 5029 dgeview + d.		E#; CITY; S FOTT - WORTN	тх	ZIP CODE 76177	
TREASURER	reet address or PO BOX; 56229 Edgeview rd.	21075	E#; CITY; S FORT -	TX	TU177	-
TREASURER	214) 336-4		EXTENSION			
9 REPORTTYPE	January 15 July 15	2 8th	th day before election day before election		Dissolution Report (Att 10th day after campaig termination	
10 PERIOD COVERED	Month Day	Year 24	THROUGH		Month Day	Year / 14
	ELECTION DATE onth Day Year	Primary General	ELEC Runoff Special		ther escription	
		GO TO PA	AGE 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Forms provided by Texas Ethics C	Commission	www.ethics.st	ate.tx.us			Revised 1/1/2025

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEENAME SCLVE OU	or Schools P	AC	13 Filer ID (Ethics Commission Filers)
SUVE DE	<u> </u>	11.00	Anti-oppposition -
14 COMMITTEE	1. Candidates	A. Supported	
ACTIVITY	(Identify by name or, if		
(Attach lists on plain	applicable, classify by party.)	B. Opposed	
paper to complete this			
report if necessary.)		A. Supported	
	2. Measures	A. Supported	
	(Describe by date and location of election and		
	nature of issue.)	B. Opposed	
	,		
	Officeholders Assisted		
	(Identify by name or, if		
	applicable, classify by party.)		

15 CONTRIBUTION		OLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR	\$
TOTALS		DE ELECTRONICALLY)	
		,	20 350
	Check here if this repo	ort qualifies for the higher itemization thres	50100
	2. TOTAL POLITICAL O	CONTRIBUTIONS	\$30,350 \$30,350
	(OTHER THAN PLEDG	ES, LOANS, OR GUARANTEES OF LOANS) 430,350
EXPENDITURE	3. TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	
TOTALS	J. TOTAL GIVENIZED I	OLITICAL EXILENDITOREO	\$
	4. TOTAL POLITICAL E	XPENDITURES	\$ 99 (5
			\$ 99.65
CONTRIBUTION	5. TOTAL POLITICAL COI	NTRIBUTIONS MAINTAINED AS OF THE LA	
BALANCE	OF THE REPORTING F		\$ 98.05
OUTOTANDING	6. TOTAL PRINCIPAL AM	OUNT OF ALL OUTSTANDING LOANS AS (DE THE
OUTSTANDING LOAN TOTALS	LAST DAY OF THE RE		" \$ 6,303.35
		- Allinor - Alli	
16 SIGNATURE	l swear, or affirm, under pen	alty of perjury, that the accompanying	ng report is true and correct and
		red to be reported by me under Title	
	•	•	
			T
		Signature of Campai	gn Treasurer (Declarant)
	Please C	omplete either option below:	
	i icase s	on prote of the or open on the late.	
(1) Affidavit			
AFFIX NOTARY STAMP/	SEALABOVE		
, , , , , , , , , , , , , , , , , , , ,	3.30.3		
Sworn to and subscrib	oed before me, by the said		, this the
day of	20 to certify whi	ch, witness my hand and seal of offic	e.
day or		on, make our my many and our extension	
Signature of officer adm	inistering oath Printed r	ame of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion		
My name is <u>Sないひ</u>	ibia A. Tapia	and my date of birth is	
My address is 15429	Edgeview rd APT	2103 Fort Worth.	TX 76177 USA
,	(street)	A	state) (zip code) (country)
Executed in DPV1+C	County, State of	$\frac{\langle}{}$, on the $\frac{\mathcal{U}}{}$ day of ${}$ Fe ${}$	0,20_25 .
_,			onth) (year)
		Samta a	
			1au
		Signature of C	ampaign Treasurer (Declarant)

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Revised 1/1/2025

SUBTOTALS-GPAC

FORM GPAC COVER SHEET PG 3

17 COMMITTEE NAME 18 Filer	ID (Ethics Commission Filers)
Save Our Schook PAC	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,350
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORG	SANIZATION \$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION ORGANIZATION	OR LABOR \$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZA	TION \$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION \$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGAN	NIZATION \$
9. SCHEDULE E: LOANS	\$
10. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s 98.65
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	itions \$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	URNED \$

SCHEDULE A1

					1 Total pages Schedule A1:
The I	nstruction Guide explains how	to complete this	s form.		Solida pages Solidadio XIII
2 FILER NAME		DWV			3 Filer ID (Ethics Commission Filers)
Save	Our Schools				
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
1017/24	Phillip & Lyn 6 Contributor address;	City: Flower Mound	State;	zip Code 7507-8	\$ 1,500
8 Principal occup	ation / Job title (See Instructions)		9 Emplo	yer (See Instructi	ons)
Reti	ired				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/15/24	Curtis Well Contributor address;	S City; Argyle	-	Zip Code FUNZLO	\$3,000
	ation / Job title (See Instructions)		1	yer (See Instructi	\ C_
<u> </u>	anagement		<u> </u>	ie Classic	<u> </u>
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10115124	DOWN McGui			Zip Code 74210	\$5.000
Principal occupa	ation / Job title (See Instructions)		Emplo	yer (See Instructi	ons)
R	etired				
Date	Full name of contributor	ut-of-state PA	C (ID#:)	Amount of contribution (\$)
10115124	Junet L. Ho Contributor address;	od-Havo Highland Village		Zip Code 75077	\$10,000
Principal occupa	Retired		Emplo	yer (See Instructi	ons)
	ATTACH ADDIT	IONAL COPIES C, please see instr			

SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME	re Our Schools PAC	?	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (7 Amount of contribution (\$)
10/17/24	Mary Stewart City; Raunone	State; Zip Code TX 76262	\$100
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Prof	Pssov	Texas Work	un's University
Date	Full name of contributor		Amount of contribution (\$)
10/18/24	Contributor address: City; Houston	State; Zip Code	\$ 250
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Care	giver	A. 450 000 000 000 000 000 000 000 000 000	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10121124	Paul 3 Julee Kula Contributor address; City; Argyle	State; Zip Code TX 7622-6	\$1,000
•	ation / Job title (See Instructions)	Employer (See Instruct	ions)
12-0			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10121124	Contributor address; City; Colleyville	State; Zip Code TX 76034	\$3,500
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instruc	cuon guide for additional r	epotang requiements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	ve Our Schools PAC	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
10/25/24	Janet Todl 6 Contributor address; City; State; Zip Co wston TX 770	[1 1 2 2]		
8 Principal occup	etired g Employer (Se	e Instructions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Allison Newport			
10/25/24	Contributor address: City; State; Zip Co			
	Houston TX 77	010		
Principal occup		e Instructions)		
Project !	Management Consultant			
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City; State; Zip Co	de		
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
	Contributor address; City; State; Zip Cod	de		
	•			
Principal occur	ation / Job title (See Instructions) Employer (Se	e Instructions)		
i intoipai occup		•		
144 APRIL 100 AP	<u> </u>			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				
	, ,			

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

Event Expense 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)

Oracii Oaid Fayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Some Our Schools	PAC	3 Filer ID (Ethio	cs Commission Filers)
4 Date 10/17/24	5 Payee name		<u> </u>	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Expenditure from corporate funds	117 Barrow St.	New	NA	10014-2826
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	transac	tion fe	e
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		***************************************	
10/18/24	Nenwo			
Amount (\$)	Payee address;	City;	State;	Zip Code
Expenditure from	117	New	NY	10014-2816
corporate funds	Barrow St.	York		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	ounting / Banking transaction fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10121124	Venmo			
Amount (\$)	Payee address;	City;	State;	Zip Code
Expenditure from corporate funds	117 Barrow St.	New	41	10014-2020
Market	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Benking	transac	tion fe	re
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	Angerous .

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

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

	ine instruction Guide explains now to co	mpiete mis ioni.		
1 Total pages Schedule F1:	Save Our Schools P	AC	3 Filer ID (Ethic	s Commission Filers)
4 Date 110125/24	5 Payee name Venvo			
6 Amount (\$) Expenditure from corporate funds	7 Payee address; 117 Barrow St.	New York	State;	10014-2824
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	+ransa	ction fe	e
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/11/124	PNC Financial Servi	ices		
Amount (\$)	Payee address;	city; Fort	State;	Zip Code 74177
Expenditure from corporate funds	13308 N Fwy	Morth	XT	turr
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / Banking	Description WITE &	x pense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10121124	PNC Financial Serv	rices		
Amount (\$)	Payee address;	City;	State;	Zip Code
Expenditure from corporate funds	13388 N Fwy	Fortworth	TX	76177
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	wire	expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEI	EDED	

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/Donation ns Made By Event Expense 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

Candidate/Officeholder/Politica		/ages/Contract Labor	Other (enter a category n	ot listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	Save our Schools PV	4C	3 Filer ID (Ethics Co	mmission Filers)
4 Date 10/23/24	PNC Financial Servi	ices		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Expenditure from corporate funds	13388 N FWY	Fort Worth	TX	76177
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	wire	expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder пате Н	Office sought	Off	ice held
Date	Payee name		44144999944	
10/24/24	PNC Financial Service	<u></u>		
Amount (\$)	Payee address;	Fort		Zip Code
Expenditure from	13388	Morth	TX	76177
corporate funds	N FWY	MD: 1.		
***************************************	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	check	expense	-
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Off	ice held
Date	Payee name			***
10/25/24	PNC Financial Service	<u>es</u>		
Amount (\$)	Payee address;	City;	State;	Zip Code
Expenditure from	13388	Mostin	TX	7617+
corporate funds	NFWY	000,1,-		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting / Banking	wire	ex pense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
***************************************	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	A PANACO



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.

subsequent reports electronically.	•	Date Processed
Save Our Schools PAC	Filer ID #	Date Imaged
	Cultiple I am the commoian tr	naturar has not assented

- 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 final report due on 10/20/24 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		
	Signature	e of Campaign Treasurer
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	this the	day of,
20, to certify which, witness my h	and and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	OR	
`	rd' Apt 2103 Fort Worth Toret) State of TX on the 1st day of Feb (mor	

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

OFFICE USE ONLY

Date Hand-delivered or Date Postmarked

Amount \$

Date Received

Receipt #

Save Our Schools PAC PO Box 57 Roanoke TX 76262



USPS CERTIFIED MAIL



9407 1118 9956 0981 3849 08



\$9.16 US POSTAGE FIRST-CLASS IMI

Feb 21 2025

ZONE 3 17146707



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SHIP Texas Ethics Commission PO BOX 12070 AUSTIN TX 78711

Texas Ethics Commission
PO Box 12070
PO Box 17070
Austin, TX 78711-2070

