

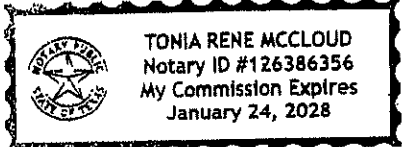
GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT			#89534	FORM GPAC COVER SHEET PG 1	
The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 10	
3 COMMITTEE NAME Save Our Schools PAC		RECEIVED 3/14/25 Texas Ethics Commission		OFFICE USE ONLY Date Received RECEIVED OCT 28 2024 DENTON COUNTY ELECTIONS by Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed 3/19/2025 Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 57 Roanoke TX 76162				
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI Sanobia IA 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 Fort TX 76177 Edgeview rd. 2103 Worth				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15269 APT Fort TX 76177 Edgeview rd. 2103 Worth				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 336-9203				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" 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 10 / 8 / 2024 THROUGH 10 / 28 / 2024				
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024		ELECTION TYPE <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					

GENERAL-PURPOSE COMMITTEE
PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME Save Our Schools PAC		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	\$ 30,350
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,350
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 98.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 98.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,303.35

16 SIGNATURE 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.



[Signature]
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) ~~APPROVE~~

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sanobia Tapia, this the 28 day of October, 20 24, to certify which, witness my hand and seal of office.

[Signature] *Tonia McCloud*
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	\$ 30,350
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	\$ 98.65
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: 3
2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/24	5 Full name of contributor Phillip & Lyn Ray <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) \$1,500
6 Contributor address; City; State; Zip Code [Redacted] Flower Mound TX 75028		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/15/24	Full name of contributor Curtis Wells <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$3,000
Contributor address; City; State; Zip Code [Redacted] Argyle TX 76226		
Principal occupation / Job title (See Instructions) management		Employer (See Instructions) The Classic Cafe
Date 10/15/24	Full name of contributor Donn McGuire <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$5,000
Contributor address; City; State; Zip Code [Redacted] Corinth TX 76210		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/15/24	Full name of contributor Janet L. Hood-Hanchey <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$10,000
Contributor address; City; State; Zip Code [Redacted] Highland Village TX 75077		
Principal occupation / Job title (See Instructions) Retired		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.		

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: 3
2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Stewart	7 Amount of contribution (\$) \$100
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Roanoke TX 76262		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas Woman's University
Date 10/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci Riley	Amount of contribution (\$) \$250
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Houston TX 77008		
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions)
Date 10/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul & Julie Kula	Amount of contribution (\$) \$1,000
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Argyle TX 76226		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Keiser	Amount of contribution (\$) \$3,500
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Colleyville TX 76034		
Principal occupation / Job title (See Instructions) Retired		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.		

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: 3
2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Todd	7 Amount of contribution (\$) \$5,000
6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77019		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Newport	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77018		
Principal occupation / Job title (See Instructions) Project Management Consultant		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)
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: 3	2 FILER NAME Save Our Schools PAC	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/24	5 Payee name Venmo	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 117 New York NY 10014-2826 Barrow St.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description transaction fee
	(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 10/18/24	Payee name Venmo	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 117 New York NY 10014-2826 Barrow St.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description transaction fee
	<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 10/21/24	Payee name Venmo	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 117 New York NY 10014-2826 Barrow St.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description transaction fee
	<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

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: 3	2 FILER NAME Save Our Schools PAC	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/24	5 Payee name Venmo	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 117 Barrow St. New York NY 10014-2826	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description transaction fee
	(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 10/11/24	Payee name PNC financial services	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13388 N Fwy Fort Worth TX 76177	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description wire expense
	<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 10/21/24	Payee name PNC financial services	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13388 N Fwy Fort Worth TX 76177	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description wire expense
	<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

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: 3 2 FILER NAME Save our schools PAC 3 Filer ID (Ethics Commission Filers)

4 Date 10/23/24 5 Payee name PNC financial services

6 Amount (\$) 7 Payee address: 13388 N Fwy City: Fort Worth State: TX Zip Code 76177
☐ Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting / Banking (b) Description wire expense
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 10/24/24 Payee name PNC financial services

Amount (\$) Payee address: 13388 N Fwy City: Fort Worth State: TX Zip Code 76177
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Accounting / Banking Description check expense
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 10/25/24 Payee name PNC financial services

Amount (\$) Payee address: 13388 N Fwy City: Fort Worth State: TX Zip Code 76177
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Accounting / Banking Description wire expense
☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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.

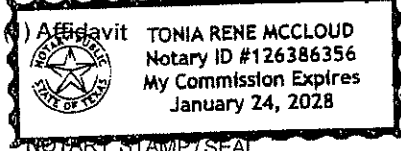
Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Save Our Schools PAC</u>	Filer ID #
---	----------------

OFFICE USE ONLY	
Date Received RECEIVED OCT 28 2024 DENTON COUNTY ELECTIONS by <u>[Signature]</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 due on 10/28/2024. 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:



[Signature]
Signature of Campaign Treasurer

Sworn to and subscribed before me by Sarahia Tapia this the 28 day of October, 2024, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Tonia McCloud
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**

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: 10	
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		
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Sandobia A.		Date Hand-delivered or Date Postmarked		
		NICKNAME LAST SUFFIX Tapia		Receipt # Amount \$		
				Date Processed		
				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 type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" 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 Month Day Year 10 / 8 / 24 THROUGH 10 / 20 / 24				
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year 11 / 5 / 24 <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						

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS		FORM GPAC COVER SHEET PG 2	
12 COMMITTEE NAME Save Our Schools PAC		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	\$ 30,350	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,350	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 98.65	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 98.65	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,303.35	
16 SIGNATURE 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. _____ Signature of Campaign Treasurer (Declarant) Please complete either option below: (1) Affidavit 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 OR _____ (2) Unsworn Declaration My name is Sandobia A. Tapia, and my date of birth is [REDACTED] My address is 15629 Edgerview rd APT 2103, Fort Worth, TX, 76177, USA (street) (city) (state) (zip code) (country) Executed in Denton County, State of TX, on the 21 day of Feb, 20 25. (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	\$ 30,350
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	\$ 98.65
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: 3	
2 FILER NAME Save Our Schools PAC				3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/24	5 Full name of contributor Phillip & Lyn Ray			7 Amount of contribution (\$) \$1,500	
6 Contributor address; [Redacted]		City; Flower Mound	State; TX	Zip Code 75028	
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
Date 10/15/24	Full name of contributor Curtis Wells			Amount of contribution (\$) \$3,000	
Contributor address; [Redacted]		City; Argyle	State; TX	Zip Code 76226	
Principal occupation / Job title (See Instructions) management			Employer (See Instructions) The Classic Cafe		
Date 10/15/24	Full name of contributor Donn McGuire			Amount of contribution (\$) \$5,000	
Contributor address; [Redacted]		City; Corinth	State; TX	Zip Code 76210	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date 10/15/24	Full name of contributor Janet L. Hood-Hanchey			Amount of contribution (\$) \$10,000	
Contributor address; [Redacted]		City; Highland Village	State; TX	Zip Code 75077	
Principal occupation / Job title (See Instructions) Retired			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.

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 FILER NAME Save Our Schools PAC				3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/24		5 Full name of contributor Mary Stewart		7 Amount of contribution (\$) \$100	
		6 Contributor address; City; State; Zip Code [REDACTED] Round Rock TX 76262			
8 Principal occupation / Job title (See Instructions) Professor			9 Employer (See Instructions) Texas Woman's University		
Date 10/18/24		Full name of contributor Traci Riley		Amount of contribution (\$) \$250	
		Contributor address; City; State; Zip Code [REDACTED] Houston TX 77008			
Principal occupation / Job title (See Instructions) Caregiver			Employer (See Instructions)		
Date 10/21/24		Full name of contributor Paul & Julie Kula		Amount of contribution (\$) \$1,000	
		Contributor address; City; State; Zip Code [REDACTED] Argyle TX 76226			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date 10/21/24		Full name of contributor Keith Keiser		Amount of contribution (\$) \$3,500	
		Contributor address; City; State; Zip Code [REDACTED] Colleyville TX 76034			
Principal occupation / Job title (See Instructions) Retired			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.					

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: 3
2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Todd	7 Amount of contribution (\$) \$5,000
6 Contributor address; City; State; Zip Code [Redacted] Houston TX 77019		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Newport	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code [Redacted] Houston TX 77019		
Principal occupation / Job title (See Instructions) Project Management Consultant		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)
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: 3		2 FILER NAME Save Our Schools PAC	
3 Filer ID (Ethics Commission Filers)			
4 Date 10/17/24		5 Payee name Venmo	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 117 New York NY 10014-2826 Barrow St.	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	
		(b) Description transaction fee	
		(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 10/18/24		Payee name Venmo	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 117 New York NY 10014-2826 Barrow St.	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting / Banking	
		Description transaction fee	
		<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 10/21/24		Payee name Venmo	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 117 New York NY 10014-2826 Barrow St.	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting / Banking	
		Description transaction fee	
		<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			

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)			
<div>Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment</div> <div>Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services</div> <div>Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor</div> <div>Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)</div>			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 3	2 FILER NAME Save Our Schools PAC		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/25/24	5 Payee name Venmo		
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; 117 Barrow St. City: New York State: NY Zip Code: 10014-2826		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking		(b) Description transaction fee
	(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 10/11/24	Payee name PNC Financial Services		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; 13308 N Fwy City: Fort Worth State: TX Zip Code: 76177		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking		Description wire expense
	<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 10/21/24	Payee name PNC Financial Services		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; 13308 N Fwy City: Fort Worth State: TX Zip Code: 76177		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking		Description wire expense
	<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			

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: 3		2 FILER NAME Save our Schools PAC	
		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/24		5 Payee name PNC Financial Services	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 13388 Fort Worth TX 76177 N Fwy	
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 10/24/24		Payee name PNC Financial Services	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 13388 Fort Worth TX 76177 N Fwy	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting / Banking	
		Description check expense	
		<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 10/25/24		Payee name PNC Financial Services	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 13388 Fort Worth TX 76177 N Fwy	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting / Banking	
		Description wire expense	
		<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 <u>Save Our Schools PAC</u>	Filer ID #
---	----------------

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

- 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.
- 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.
- 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.
- 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.
- I am filing this affidavit with the finance report due on 10/20/24. 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

Signature of Campaign Treasurer

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 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, 76111, USA.
(street) (city) (state) (zip code) (country)
Executed in Denton County, State of TX, on the 21st day of Feb., 20 25.
(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
Roanoke TX 76262

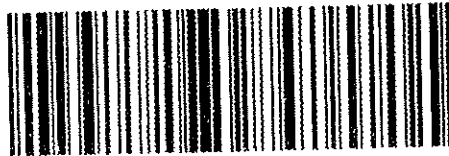
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ZONE 3
17146707



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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

MAR 14 2025

Texas Ethics Commission