FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088922 3 COMMITTEE NAME **OFFICE USE ONLY** Houstonians for Safe & Healthy Schools Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3262 Westheimer Road Date Hand-delivered or Date Postmarked #402 Houston, TX 77098 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Veronica NAME NICKNAME LAST **SUFFIX** Garcia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3262 Westheimer Road STREET **ADDRESS** #402 (Residence or Business) Houston, TX 77098 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3262 Westheimer Road MAILING **ADDRESS** #402 Houston, TX 77098 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 849-9002 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Day COVERED 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID (Ethics Commiss					
Houstonians for Safe & Healthy Schools 00088922					
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
☐ SUPPORT					
(Candidate or Measure)		ON DATE			
OPPOSE (Candidate or Measure)			Month	Day Year	
ASSIST (Officeholder)	Measure	DESCRIPTION			
15 CONTRIBUTION TOTALS		I FRIBUTIONS OF \$50 OR LESS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$ \$0.00	
	2. TOTAL POLITICAL CO	ONTRIBUTIONS			
	(OTHER THAN PLEDGES	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		\$ \$0.00	
	4. TOTAL POLITICAL EX	(PENDITURES		\$ \$372.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTREPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$ \$51,462.56	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF GPERIOD	THE LAST	\$ \$0.00	
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all information Title 15, Election Code.			
Veronica Garcia					
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Campaign Treasurer					
Sworn to and subscribed	before me, by the said	, t	his the	day	
of	, 20, to certify which	ı, witness my hand and seal of office.			
Signature of officer add	ministering oath Print	ed name of officer administering oath	Title of office	er administering oath	

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			3 of 7
17 COMMIT	(Ethics Commission Filers)		
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 372.00
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction			Vages	/Contract Labor		OTHER (enter	a category not listed	above)
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1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 1/4 Rpt: 4/7	l	Houstonian	s for Safe & H	ealthy Schoo	ols				00088922		
4	Date	5	Payee name									
	01/21/2025	l	Amegy Bar									
Ļ		┡										
l٥	Amount (\$)	'	Payee addre		State	e; Zip Co	ae					
	\$60.00	l	PO Box 26	54 <i>1</i>								
l		l										
l		l	Salt Lake, l	JT 84126								
8	PURPOSE	(a)	Category (S				(h)	Description				
ľ	OF	(۳)	(-	ee Categories listed a	at the top of this sci	hedule)	(5)	_ :	outsi	de of Texas, Co.	mnlete Schedule T	
	EXPENDITURE	l	Fees					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		l						Service fee				
		l										
Ļ	Complete ONLY if direct	Ц,	Candidata/Off	icabaldar nama		Office cou	abt			Office h	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Oil	iceholder name	,	Office sou	gnı			Office h	ieia	
	Date		Payee name									
	01/31/2025	l	Amegy Bar	nk of Texas								
H	Amount (\$)	\vdash	Payee addre	ess; City;	State	e; Zip Co	de					
	\$2.00	l	PO Box 26			, ·						
	Ψ2.00	l	1 O BOX 20	5-11								
		l										
		l	Salt Lake, l	JT 84126								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE	l	Fees					Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	LAFENDITORE	l								officeholder livir	ng expense	
		l						Statement fee	е			
		l										
Г	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	ield	
l	expenditure to benefit C/O	Н										
F	Date	Г	Payee name									
	02/21/2025	l	•									
			Amegy Bar									
	Amount (\$)	l	Payee addre	-	State	e; Zip Co	de					
	\$60.00	l	PO Box 26	547								
		l										
		l	Salt Lake, l	JT 84126								
H	PURPOSE	(2)					(h)	Description				
	OF	۱۳۶		ee Categories listed a	at the top of this sch	hedule)	(5)		outsi	de of Texas, Cou	nplete Schedule T.	
	EXPENDITURE	l	Fees					=		officeholder livir		
		l						Service fee			3 - 1	
\vdash	Complete ONLY if direct	Ц,	Candidata/Off	iooholder nem -		Office acr	abt			Office	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Cariuluale/OII	iceholder name	,	Office sou	yııı			Office h	ıcıu	
dash												
l												

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

Event Expense
Fees
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 Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 2/4 Rpt: 5/7	Houstonians for Safe & Healthy Schools 00088922
4	Date	5 Payee name
	02/28/2025	Amegy Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	PO Box 26547
		Salt Lake, UT 84126
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Statement fee
		Statement rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	03/31/2025	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 26547
		Salt Lake, UT 84126
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Statement fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/21/2025	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	PO Box 26547
		Salt Lake, UT 84126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Service fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 6/7	Houstonians for Safe & Healthy Schools 00088922
4	Date	5 Payee name
	04/21/2025	Amegy Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	PO Box 26547
		Salt Lake, UT 84126
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Payee name
	04/30/2025	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 26547
		Salt Lake, UT 84126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Statement fee
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	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payes name
	05/30/2025	Payee name Amegy Bank of Texas
	Amount (\$) \$2.00	Payee address; City; State; Zip Code PO Box 26547
	Ψ2.00	F O BOX 20041
		Salt Lake, UT 84126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Statement fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OF	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 4/4 Rpt: 7/7	Houstonians for Safe & Healthy Schools 00088922
4	Date	5 Payee name
	05/21/2025	Amegy Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	PO Box 26547
		Salt Lake, UT 84126
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
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Ļ	Operation ONLY if dispose	Open Fields (Office health and an annual state of the seconds)
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
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	Date	Payee name
	06/23/2025	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	PO Box 26547
		Salt Lake, UT 84126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service fee
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H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	06/30/2025	Amegy Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 26547
		Salt Lake, UT 84126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Statement fee
\vdash	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
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