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) 00089315 3 COMMITTEE NAME **OFFICE USE ONLY Building Roosevelt Community PAC** Date Received **ELECTRONICALLY FILED** 06/30/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5707 114th Street Date Hand-delivered or Date Postmarked Lubbock, TX 79424 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Alicia NAME NICKNAME LAST **SUFFIX** Lucero STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5707 114th Street STREET **ADDRESS** (Residence or Business) Lubbock, TX 79424 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5707 114th Street MAILING **ADDRESS** Lubbock, TX 79424 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 260-1315 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 Year Month Day Month Day COVERED **THROUGH** 06/30/2025 04/24/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 05/03/2025 χ Special General

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Building Roosevelt Com	nmunity PAC		00089315		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
X SUPPORT		DALL OT IDENTIFICATION / #	FLECTI	ON DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month	ON DATE	Year
OPPOSE (Candidate or Measure)		Prop A	05/03/2	Day 2025	real
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		Roosevelt ISD Proposition A			
15 CONTRIBUTION TOTALS		L TRIBUTIONS OF \$50 OR LESS (OTHER THA EES OF LOANS, OR CONTRIBUTIONS MADE ILESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS				
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$0.00
EXPENDITURE 3. TOTAL UNITEMIZED PO		DLITICAL EXPENDITURES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$14,830.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	\$1,665.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	DUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
		Mrs. Ali	cia Lucero		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	,1	his the		day
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prin	ited name of officer administering oath	Title of office	er administer	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

	3 of 8
17 COMMITTEE NAME Building Roosevelt Community PAC 18 File 00	iler ID (Ethics Commission Filers) 0089315
19 SCHEDULE SUBTOTALS NAME OF 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 LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION LABOR ORGANIZATION	OR \$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGAN	NIZATION \$
7. SCHEDULE E: LOANS	\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,830.20
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	ОН \$
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	RNED \$
	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 1/5 Rpt: 4/8	Building Roosevelt Community PAC 00089315				
4	Date	5 Payee name				
	05/02/2025	Action Printing				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$371.12	2407 82nd St				
		Lubbock, TX 79423				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		8.5x11 Double-sided flyer - Don't forget, Vote May				
		3rd				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
	Date	Payee name				
	05/02/2025	Action Printing				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$441.68	2407 82nd St				
		Lubbock, TX 79423				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Postage				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Date	Payee name				
	05/02/2025	Action Printing				
	Amount (\$) Payee address; City; State; Zip Code					
	\$30.62 2407 82nd St					
		Lubbock, TX 79423				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Sales tax				
		Suics tax				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 5/8	Building Roosevelt Community PAC 00089315
4	Date	5 Payee name
	05/05/2025	Action Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$349.42	2407 82nd St
		Lubbock, TX 79423
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		8.5x11 Double-sided flyer - RISD Bond
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	05/05/2025	Action Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$387.17	2407 82nd St
		Lubbock, TX 79423
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	05/05/2025	Action Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.83	2407 82nd St
		Lubbock, TX 79423
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sales tax
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefit C/OI	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 6/8	Building Roosevelt Community PAC 00089315
4	Date	5 Payee name
	05/06/2025	Chism Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,100.00	305 Green Oak Lane
		Madiana MO 20110
Ļ	DUDDOOF	Madison, MS 39110
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Roosevelt ISD texting and GOTV expense	
Ļ	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
\vdash	Date	Power name
	05/01/2025	Payee name Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.46	1600 Amphitheatre Pkwy

		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2025	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.46	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email subscription
		Email Subscription
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Trave
Expense Trave
s/Wages/Contract Labor OTH

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 4/5 Rpt: 7/8	Building Roosevelt Community PAC 00089315		
4	Date	5 Payee name		
	05/02/2025	Google Voice		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$3.44	1600 Amphitheatre Pkwy		
		Mountain View, CA 94043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Google voice subscription		
		Google voice subscription		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
ľ	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		
\vdash	Date	Payee name		
	05/09/2025	L. Bingham Communications		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,500.00	2124 Clear Lake Pl		
	Ψ1,500.00	2124 Gleat Lake I I		
	Round Rock, TX 78665			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Canvassing software and management for RISD		
		Bond 2025		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH				
H	Date	Payee name		
	05/09/2025	L. Bingham Communications		
_				
	Amount (\$)	Payee address; City; State; Zip Code 2124 Clear Lake Pl		
	\$9,500.00 2124 Clear Lake Pl			
		Round Rock, TX 78665		
	PURPOSE			
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Digital ads and video for RISD Bond 2025		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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 con	•	te this form.	OTTIER (enter a	category not listed above)
1	Total pages Schedule F1:		-		3 Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 8/8	Building Roosevelt Community PAC			00089315	,
4	Date	5 Payee name		•		
	05/05/2025	Lubbock H-E-B				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de			
	\$90.71	4405 114th St				
		Lubbock, TX 79424				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
	OF EXPENDITURE	Event Expense	Ļ		utside of Texas. Comp FX, officeholder living	
			L	Polling snacks		елрепое
				. ciming cricions	and cappined	
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht		Office he	ld
	expenditure to benefit C/O	H	giit		Office fic	iu
_	Data					
	Date	Payee name				
	05/12/2025	USPS				
	Amount (\$)	Payee address; City; State; Zip Coo	de			
	\$12.29	4901 S Loop 289				
		Lubbock, TX 79464				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	<u>[</u>		ıtside of Texas. Comp	
			Ļ	_	ΓX, officeholder living	expense
			r	Postage		
	Commission ONL V if disposit	Condidate/Office helder regree	a. la.4		Office he	lal
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	gnt		Office he	10
	·					
l						