

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088922	2 Total pages filed: 8
3 COMMITTEE NAME Houstonians for Safe & Healthy Schools		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS 5109 82nd ST Ste 7-111 Lubbock, TX 79424			
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST Veronica NICKNAME LAST Garcia			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) 5109 82nd ST Suite 7-1111 Lubbock, TX 79424			
7 CAMPAIGN TREASURER MAILING ADDRESS STREET OR PO BOX; 3262 Westheimer Road #402 Houston, TX 77098			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (240) 331-8804			
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED Month Day Year 07/01/2025		THROUGH	Month Day Year 12/31/2025
11 ELECTION Month Day Year 11/04/2025		ELECTION DATE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

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**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Houstonians for Safe & Healthy Schools		13 FILER ID (Ethics Commission Filers) 00088922
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE / OFFICEHOLDER NAME
<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)		BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <input type="checkbox"/> Measure DESCRIPTION
15 CONTRIBUTION TOTALS		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED \$ \$0.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \$0.00
EXPENDITURE TOTALS		3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ \$0.00 4. TOTAL POLITICAL EXPENDITURES \$ \$33,051.56
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ \$0.00
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ \$0.00

16 AFFIDAVIT

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.

Veronica Garcia

Signature of Campaign Treasurer

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

SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Houstonians for Safe & Healthy Schools	18 FILER ID (Ethics Commission Filers) 00088922
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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 D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
7. <input type="checkbox"/> SCHEDULE E: LOANS	
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
13. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/1 Rpt: 4/8	2 FILER NAME Houstonians for Safe & Healthy Schools	3 Filer ID (Ethics Commission Filers) 00088922	
4 Date 10/17/2025	5 Payee name GPS Action PAC		
6 Amount (\$) \$33,051.56	7 Payee address; City; State; Zip Code 3270 Sulross St Houston, TX 77098		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to the independent expenditure bank account for GPS Action PAC	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 5/8	2 FILER NAME Houstonians for Safe & Healthy Schools	3 Filer ID (Ethics Commission Filers) 00088922
4 Date 07/21/2025	5 Payee name Amegy Bank of Texas	
6 Amount (\$) 60.00	7 Payee Address; City; State; Zip PO Box 26547 Salt Lake, UT 84126	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank fee
Date 07/31/2025	Payee name Amegy Bank of Texas	
Amount (\$) 2.00	Payee Address; City; State; Zip PO Box 26547 Salt Lake, UT 84126	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Paper statement fee.
Date 09/22/2025	Payee name Amegy Bank of Texas	
Amount (\$) 60.00	Payee Address; City; State; Zip PO Box 26547 Salt Lake, UT 84126	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank fee
Date 09/30/2025	Payee name Amegy Bank of Texas	
Amount (\$) 2.00	Payee Address; City; State; Zip PO Box 26547 Salt Lake, UT 84126	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Paper statement fee

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt: 6/8	2 FILER NAME Houstonians for Safe & Healthy Schools	3 Filer ID (Ethics Commission Filers) 00088922
4 Date 08/21/2025	5 Payee name Amegy Bank of Texas	
6 Amount (\$) 60.00	7 Payee Address; City; State; Zip PO Box 26547 Salt Lake, UT 84126	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank fee
Date 08/29/2025	Payee name Amegy Bank of Texas	
Amount (\$) 2.00	Payee Address; City; State; Zip PO Box 26547 Salt Lake, UT 84126	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Paper statement fee
Date 08/15/2025	Payee name Howard Sckolnik	
Amount (\$) 3,000.00	Payee Address; City; State; Zip 8203 E Sierra Pinta Dr Scottsdale, AZ 85255	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting fees related to filing of entity's 2024 IRS 990
Date 07/21/2025	Payee name Lex Politica LLC	
Amount (\$) 5,317.50	Payee Address; City; State; Zip 7415 Southwest Parkway Building 6 Suite 500-129 Austin, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Legal Services	(b) Description (See instructions regarding type of information required.) Legal fees from January 2025 - July 2025

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt: 7/8	2 FILER NAME Houstonians for Safe & Healthy Schools	3 Filer ID (Ethics Commission Filers) 00088922
4 Date 08/15/2025	5 Payee name Lex Politica LLC	
6 Amount (\$) 1,807.50	7 Payee Address; City; State; Zip 7415 Southwest Parkway Building 6 Suite 500-129 Austin, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Legal Services	(b) Description (See instructions regarding type of information required.) Legal fees for July 2025 plus fees related to termination of entity
Date 07/21/2025	Payee name Star Financial Management	
Amount (\$) 5,350.00	Payee Address; City; State; Zip 5109 82nd St Suite 7 #1111 Lubbock, TX 79424	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bookkeeping expenses from December 2024 - June 2025
Date 08/15/2025	Payee name Star Financial Management	
Amount (\$) 2,750.00	Payee Address; City; State; Zip 5109 82nd St Suite 7 #1111 Lubbock, TX 79424	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bookkeeping fees for July 2025 - August 2025 plus dissolution fees

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

8 of 8

The Instruction Guide explains how to complete this form. **Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME	2 Filer ID (Ethics Commission Filers)
Houstonians for Safe & Healthy Schools	00088922

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Veronica Garcia

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

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