

# 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) 00088924	2 Total pages filed: 15	
3 COMMITTEE NAME Families for Education and Opportunity			<b>OFFICE USE ONLY</b>	
			Date Received ELECTRONICALLY FILED 01/15/2026	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address			ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 415 Mary Louise Drive  San Antonio, TX 78201	
5 CAMPAIGN TREASURER NAME			MS / MRS / MR FIRST MI Daiana	
			NICKNAME LAST SUFFIX Lambrecht	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 415 Mary Louise Drive  San Antonio, TX 78201	
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address			STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 415 Mary Louise Drive  San Antonio, TX 78201	
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION (941) 544-7197	
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"/> 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			ELECTION DATE Month Day Year  ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Families for Education and Opportunity		<b>13 Filer ID</b> (Ethics Commission Filers) 00088924
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Sukh Kaur    San Antonio City Council D1
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 19,256.64
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 163,815.12
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>16 AFFIDAVIT</b>  <div style="text-align: right; margin-top: 20px;">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.</div> <div style="text-align: right; margin-top: 20px;">_____ Daiana Lambrecht Signature of Campaign Treasurer</div> <div style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</div> <div style="margin-top: 20px;">Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</div> <div style="margin-top: 20px;">_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</div>		

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 15

<b>12 COMMITTEE NAME</b> Families for Education and Opportunity		<b>13 Filer ID</b> (Ethics Commission Filers) 00088924
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Tommy Calvert Bexar County Commissioner P4
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 4 of 15

<b>12 COMMITTEE NAME</b> Families for Education and Opportunity		<b>13 Filer ID</b> (Ethics Commission Filers) 00088924
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sebastian Alicia SAISD Board Member D2
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
5 of 15

<b>17 COMMITTEE NAME</b> Families for Education and Opportunity		<b>18 Filer ID</b> (Ethics Commission Filers) 00088924	
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
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 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 FROM POLITICAL CONTRIBUTIONS	\$	19,256.64
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	355.31
15.	<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  
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.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 6/15	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 10/20/2025	<b>5</b> Payee name Alicia Sebastian Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3647 Tuscany Dr  San Antonio, TX 78219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Blue Ink Compliance		
Amount (\$) \$1,250.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Blue Ink Compliance		
Amount (\$) \$1,250.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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 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.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 7/15	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 08/29/2025	<b>5</b> Payee name Blue Ink Compliance	
<b>6</b> Amount (\$) \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,250.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee name Blue Ink Compliance  Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,250.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee name Blue Ink Compliance  Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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 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.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 8/15	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 12/04/2025	<b>5</b> Payee name Blue Ink Compliance	
<b>6</b> Amount (\$) \$1,250.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2581  Boise, ID 83701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$415.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name CT Corporation  Payee address; City; State; Zip Code PO Box 4349  Carol Stream, IL 80197	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registered Agent Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Elect Phyllis Viagran  Payee address; City; State; Zip Code 4219 S Flores St  San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# 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 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.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 9/15	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 08/06/2025	<b>5</b> Payee name Elias Law Group	
<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 250 Massachusetts Ave NW Ste 400  Washington, DC 20001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Elias Law Group		
Amount (\$) \$3,000.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Ave NW Ste 400  Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Friends of Sukh		
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 120101  San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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 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.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 10/15	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 10/21/2025	<b>5</b> Payee name Justin Rodriguez Campaign	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 100153  San Antonio, TX 78201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Marina Alderete Gavito For District 7 Campaign		
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1850 Fredericksburg Rd  San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Marisa Perez-Diaz Campaign		
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 701342  San Antonio, TX 78270	
PURPOSE OF EXPENDITURE	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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 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.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 11/15	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 10/15/2025	<b>5</b> Payee name Tommy Calvert Campaign	
<b>6</b> Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 15571  San Antonio, TX 78212	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Tommy Calvert Campaign	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15571  San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name UPS	
Amount (\$) \$40.32  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 Glenlake Pkwy NE  Atlanta, GA 30328	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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 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.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 12/15	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 10/21/2025	<b>5</b> Payee name UPS	
<b>6</b> Amount (\$) \$40.32  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 55 Glenlake Pkwy NE  Atlanta, GA 30328	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name USPS	
Amount (\$) \$11.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 475 L'Enfant Plaza SW  Washington , DC 20260-0004	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> 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.**

<b>1</b> Total pages Schedule I: Sch: 1/3 Rpt:	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 07/29/2025	<b>5</b> Payee name Amalgamated Bank	
<b>6</b> Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 08/28/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 09/26/2025	Payee name Amalgamated Bank	
Amount (\$) 42.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 10/29/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/3 Rpt:	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 11/26/2025	<b>5</b> Payee name Amalgamated Bank	
<b>6</b> Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 12/30/2025	Payee name Amalgamated Bank	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Bank Fees
Date 07/21/2025	Payee name Intuit	
Amount (\$) 40.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 08/21/2025	Payee name Intuit	
Amount (\$) 40.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 3/3 Rpt:	<b>2</b> FILER NAME Families for Education and Opportunity	<b>3</b> Filer ID (Ethics Commission Filers) 00088924
<b>4</b> Date 09/22/2025	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) 40.51 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2700 Coast Ave  Mountain View, CA 94043	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 10/21/2025	Payee name Intuit	
Amount (\$) 40.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 11/21/2025	Payee name Intuit	
Amount (\$) 40.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription
Date 12/22/2025	Payee name Intuit	
Amount (\$) 40.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Software Subscription