# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gu	uide explains how to complete this form.	1 ACCOUNT# (Ethics Commission Filers)	2 Total pages filed:	
3 COMMITTEE NAME			OFFICE USE ONLY	
Frisco 2AM PAC			Dalle Lime Line IE II M IE U	
4 COMMITTEE ADDRESS		ITY; STATE; ZIP CODE	JAN 1 5 2015	
i i change of address	10341 Casetta Dr Frisco, TX 750	J33 	- FRM	
shange of dudieses			Date Hand-delivered of Postmarked	
			Receipt# Amount	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Processed	
NAME	Mr. Christopher	B	. Date Imaged	
	Moss		Date imaged	
11 11 11 11 11 11 11 11 11 11 11 11 11		FE III OTTV		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT  10341 Casetta Dr Frisco, TX 750	,	ZIP CODE	
	OTDEST OF PO POY			
7 CAMPAIGN TREASURER'S MAILING ADDRESS	10341 Casetta Dr Frisco, TX 750		ZIP CODE	
change of address				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 214 ) 850-2401	EXTENSION		
9 REPORTTYPE		refore election	Exceeded \$500 limit Dissolution (attach PAC-DR)  10th day after campaign treasurer termination	
10 PERIOD	Month Day Year		Month Day Year	
COVERED	10 / 26 / 2014	THROUGH	12 / 31 / 2014	
11 ELECTION	ELECTION DATE ELECTION	N TYPE		
	Month   Day   Year	imary Runoff	X General Special	
GO TO PAGE 2				

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME				ACCOUNT #	(Ethics Commission Filers)
Frisco 2AM PAC				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Lance Commission Filers)
13 COMMITTEE PURPOSE			CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)		CANDIDATE			
X SUPPORT (Candidate or Measure)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (of	fficeholder)	
OPPOSE					
(Candidate or Measure)	X	MEASURE	City of Frisco Proposition  Month		PATE Year ~ 2014
ASSIST (Officeholder)		MEASURE	DESCRIPTION		
			An ordinance repealing Ordinance	e 08-05-5	2 re: Late Night Hours
14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL PLEDGES, LOANS,	CONTRIBUTIONS OF \$50 OR LESS (OTHER TH OR GUARANTEES OF LOANS), UNLESS ITEMI	IAN IZED	\$
	2.		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ -		
	4.	TOTAL POLITICA	AL EXPENDITURES		\$ 29,745.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0-			\$ -0-	
OUTSTANDING LOAN TOTALS	6.		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	FTHE	\$ -
15 AFFIDAVIT			I swear, or affirm, under penalty of p report is true and correct and include reported by me under Title 15, Electi	s all inform	
			Signature of Campa	aign Treasur	er
AFFIX NOTARY STAMP / SEA	AL ABOVE				
Sworn to and subscribe	ed befor	e me, by the	said		, this the
day of		, 20	, to certify which, witness my	hand and	seal of office.
Signature of officer administer	ring oath	Printed r	name of officer administering oath	Title of offi	cer administering oath

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

				The second secon	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 1		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
	Frisco 2AM	I PAC			
4	Date	5 Full name of contributor	,	7 Amount of	8 In-kind contribution
•	24.0	Gut of state (No (IBM.		contribution (\$)	description (if applicable)
		NONE DURING PERIOD		\$0	I I
		6 Contributor address; City; State; Zip Code		ΨΟ	
				(If traval autoida	I I of Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See In		or rexas, complete Scriedule 1)
Ū	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(3.5.1.5.7.5.7.5.7.5.7.5.7.5.7.5.7.5.7.5.7	10 Employer (coom	ou doublio)	
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:		or rexas, complete ochequie 1)
			9000		
	Date	Full name of contributor	)	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address City State 7in Code			1
		Contributor address; City; State; Zip Code			
	=-			(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code			
		osiminate: addition, only, only,			
			Managamanan Labaran La	(If travel outside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				Contribution (\$)	description (ii applicable)
		Contributor address; City; State; Zip Code			
	And the control of				of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE C

T	he Instruction Guide explains how to complete this form.	1 Total pages Sch	1 Total pages Schedule C: 1		
FILER NAME	:	3 ACCOUNT # (E	thics Commission Filers)		
Date 11/26/2014	5 Corporation / Labor Organization name  Legacy Stonebriar Hotel, Ltd  6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$) . \$1,000.00	8 In-kind contribution description (if applicabl		
		(If travel outside	of Texas, complete Schedule 1		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable		
	Corporation / Labor Organization address; City; State; Zip Code		  -  -		
		(If travel outside	of Texas, complete Schedule 7		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable		
	Corporation / Labor Organization address; City; State; Zip Code				
		(If travel outside	of Texas, complete Schedule T		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable		
	Corporation / Labor Organization address; City; State; Zip Code	•			
		(If travel outside	of Texas, complete Schedule T		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Corporation / Labor Organization address; City; State; Zip Code				
		(If travel outside	of Texas, complete Schedule T		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable		
	Corporation / Labor Organization address; City; State; Zip Code				

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Distri Office Overhead/Ro	ontract Labor ising Expense ct ental Expense	Loan Repayment/Reimbur Transportation Equipment Expense Contributions/Donations M Candidate/Officeholder/ OTHER (enter a category r	& Related ade By /Political Committee
1 Total pages Schedule F:	2 FILER NAME Frisco 2AM PAC			3 ACCOUNT # (Ethic	cs Commission Filers)
<b>4</b> Date 10/31/2014	5 Payee name Facebook				
<b>6</b> Amount (\$) \$86.59	7 Payee address; City; State	e; Zip Code			
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct	(a) Category (See categories listed at the to schedule) Advertising Expense  Candidate / Officeholder name	op of this	Social Med	(If travel outside of Texas, cor lia Advertising sustin, TX, officeholder living exp ht	,
expenditure to benefit C/0					
Date 10/28/2014	Payee name Kolache Heaven				
Amount (\$) \$147.22	Payee address; City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to schedule)  Food/Beverage Expense	op of this	Supplies for	(If travel outside of Texas, con or Frisco Chamber B ustin, TX, officeholder living exp	reakfast
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt O	ffice held
Date 10/27/2014	Payee name Tom Thumb	7: 0.1			
Amount (\$) \$164.86	Payee address; City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to schedule) Food/Beverage Expense	p of this	Supplies for	(If travel outside of Texas, con Frisco Chamber Brustin, TX, officeholder living exp	eakfast
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	it O	ffice held
Date 10/27/2014	Payee name United States Postal Service	<b>)</b>			
Amount (\$) \$49.00	Payee address; City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to schedule) Other - Postage	op of this	Stamps for r	(If travel outside of Texas, con $\operatorname{mailer}$ ustin, TX, officeholder living expo	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t Of	ffice held
	ATTACH ADDITIONAL COF	PIES OF THIS S	SCHEDULE AS	NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Salaries/Wages/C Expense Solicitation/Fundra Legal Services Travel In District Food/Beverage Expense Travel Out Of District Polling Expense Office Overhead/R Printing Expense The Instruction Guide explains how to other the control of the control	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F:	2 FILER NAME Frisco 2AM PAC	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/3/2014	5 Payee name North Texas Public Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4,000.00	6827 Main Street, Frisco, TX 75034	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Campaign management and marketing	Installment 4 of 5 Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11/5/2014	Andrea Wright	
Amount (\$)	Payee address; City; State; Zip Code	
605.40		
003.10		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Campaign Management and Marketing	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11/5/2014	Bob Willis	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,517.90		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Polling Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11/5/2014	Tiffany Jackson	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.14		
PURPOSE	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)
OF	schedule)	_
EXPENDITURE	Polling Expense	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I  Gift/Awards/Memorials Salaries/Wages/Co Expense Solicitation/Fundra Legal Services Travel In District Food/Beverage Expense Travel Out Of Distr Polling Expense Office Overhead/R Printing Expense The Instruction Guide explains how to c	ontract Labor Loi alising Expense Tra Ex ict Co ental Expense	an Repayment/Reimbursement ansportation Equipment & Related pense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)	
<b>1</b> Total pages Schedule F:	2 FILER NAME Frisco 2AM PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name			
11/4/2014 11/4/2014	Market Street			
6 Amount (\$) 31.29	7 Payee address; City; State; Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE	Food/Beverage Expense	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date 11/4/2014	Payee name Pizzeria Testa			
Amount (\$)	Payee address; City; State; Zip Code			
\$119.08		_		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE	Food/Beverage Expense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
11/4/2014	Espiritu			
Amount (\$)	Payee address; City; State; Zip Code			
\$58.16				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE	Food/Beverage Expense	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
11/18/2014	TruFire Kitchen & Bar			
Amount (\$)	Payee address; City; State; Zip Code			
\$212.53	6959 Lebanon Road Frisco, TX 75034			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
EXPENDITURE	Food & Beverage Expense	Check if Austir	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	FEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Solicitation/Fundra Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to compare the compared to	ontract Labor aising Expense  rict clental Expense  Loan Repayment/Reimbursement  Transportation Equipment & Related Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee  OTHER (enter a category not listed above)
	_	
1 Total pages Schedule F:	2 FILER NAME Frisco 2AM PAC	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
11/12/2014	Fred Lusk	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$558.53		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  Reimb expenses to install signs
EXPENDITURE	Transportation Equipment & Related	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11/12/2014	Color Craze	
Amount (\$)	Payee address; City; State; Zip Code	
\$138.67	Tayee address, Oity, Glate, Zip Gode	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11/12/2014	North Texas Public Strategies	
2-4 2500 - 40 - 5 - 5 - 5		
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	6827 Main Street, Frisco, TX 75034	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Campaign management & marketing	Final installment of agreement  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11/18/2014	Maggie Krueger	
11/16/2014 Amount (\$)	Payee address; City; State; Zip Code	
Amount (4)	l ayee address, City, State, Zip Code	
\$120.00		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Polling Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Distr Office Overhead/R	ontract Labor alising Expense ict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F:	2 FILER NAME Frisco 2AM PAC			3 ACCOUNT # (Ethics Commission Filers
4 Date 11/3/2014	5 Payee name Chris Moss			
6 Amount (\$)		te; Zip Code		
\$1,986.57				
8 PURPOSE	(a) Category (See categories listed at the schedule)	top of this		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Polling Expense			ursement of expenses
		Provide all the control of the contr		Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office soug	ht Office held
Date	Payee name			*
12/31/2014	Frisco 2020 PAC			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
\$13,700.00				
PURPOSE	Category (See categories listed at the schedule)	top of this		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contributions/Donations			Substance of funds Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough	
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office 30dg	The Cince held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
PURPOSE OF	Category (See categories listed at the schedule)	top of this	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	ht Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
PURPOSE OF	Category (See categories listed at the schedule)	top of this	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	S NEEDED

## POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

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

1 COMMITTEE NAME

Frisco 2AM PAC

2 ACCOUNT # (Ethics Commission Filers)

#### 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.

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 Christopher Bryan May, this the

Thereas Suinan Wodan
Signature of officer administering oath Printed name of officer administering oath
Title of officer administering oath