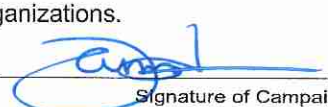


AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM ASTA PG 1

See ASTA Instruction Guide for detailed instructions.		1 Total pages filed: 2	OFFICE USE ONLY Date Received OCT 27 2014 <i>all</i> Date Hand-delivered or Postmarked Date Processed Date Imaged
2 COMMITTEE NAME Frisco 2AM PAC		3 ACCOUNT #	
4 COMMITTEE NAME	NEW		
5 COMMITTEE ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
6 CAMPAIGN TREASURER NAME	NEW MS / MRS / MR FIRST MI Mr. James D. NICKNAME LAST SUFFIX Nunn		
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
9 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION ()		
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Christopher B. Moss		
11 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Campaign Treasurer		
12 ASSISTANT CAMPAIGN TREASURER (see instructions)	NEW FIRST MI LAST SUFFIX		
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
14 ASSISTANT CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION ()		

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**AMENDMENT: SPECIFIC-PURPOSE COMMITTEE
PURPOSE AND MODIFIED REPORTING DECLARATION****FORM ASTA
PG 2****15 COMMITTEE NAME**

Frisco 2AM PAC

16 ACCOUNT #**17 COMMITTEE
PURPOSE**☐ NEW ☐ ADD☐ SUPPORT CANDIDATE☐ OPPOSE CANDIDATE☐ ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☐ NEW ☐ ADD☐ SUPPORT MEASURE☐ OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year

DESCRIPTION

**18 MODIFIED
REPORTING
DECLARATION**☐ NEW**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING
MODIFIED REPORTING.****••This declaration must be filed no later than the 30th day
before the first election to which the declaration applies. ••****••The modified reporting declaration is valid for one election cycle only. ••**
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to
which declaration applies_____
Signature of Campaign Treasurer**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****This appointment is effective on the date it is filed with the appropriate filing authority.**

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 4
3 COMMITTEE NAME Frisco 2AM PAC		OFFICE USE ONLY Date Received OCT 27 2014 BY: <i>[Signature]</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10341 Casetta Dr Frisco, TX 75035		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. James D. NICKNAME LAST SUFFIX Nunn		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10341 Casetta Dr Frisco, TX 75035		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10341 Casetta Dr Frisco, TX 75035		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 850-2401		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 01 / 2014 THROUGH 10 / 25 / 2014		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Frisco 2AM PAC		ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # City of Frisco Proposition	
		ELECTION DATE Month Day Year 11 / 4 / 2014	
		DESCRIPTION An ordinance repealing Ordinance 08-05-52 re: Late Night Hours	
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ -
	EXPENDITURE TOTALS		
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ -
	4. TOTAL POLITICAL EXPENDITURES		\$
	CONTRIBUTION BALANCE		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 48,500.00	
OUTSTANDING LOAN TOTALS			
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ -	

15 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.

[Signature]

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Nunn, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Kristi Morrow
Printed name of officer administering oath

Assistant City Secretary
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Frisco 2AM PAC	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/7/2014	5 Payee name North Texas Public Strategies	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 6827 Main Street, Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign management and marketing	(b) Description (If travel outside of Texas, complete Schedule T) Third installment of agreed fee. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 10/1/2014	Payee name Mayes Media Group	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 312 Creekwood Drive Sunnyvale, TX 75182	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign advertising advise	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 10/1/2014	Payee name JM2 Designs	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 7549 Stonebrook Parkway Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Graphic design services	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date 10/1/2014	Payee name James Nunn	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 10341 Casetta Dr Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimburse expenses and campaign labor.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <div style="text-align: center;">2</div>	2 FILER NAME Frisco 2AM PAC	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/10/2014	5 Payee name Metro Mailer	
6 Amount (\$) \$7,774.08	7 Payee address; City; State; Zip Code 5719 E Rosedale St, Suite 809 Fort Worth, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Print & mail mailer #1	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 10/13/2014	Payee name First Graphic Services, Inc	
Amount (\$) \$1,698.98	Payee address; City; State; Zip Code 229 Garvon St Garland, TX 75040	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Yard signs/stakes and 4x4 signs	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 10/20/2014	Payee name Frisco Lakes Grill	
Amount (\$)	Payee address; City; State; Zip Code 7170 Anthem Dr, Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and drinks for 10/20 events	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED