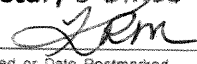


# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>6</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b>  <b>MAR 25 2016</b>  <b>City Secretary's Office</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
3 COMMITTEE NAME	Frisco Committee for Economic Growth		
4 TREASURER NAME	Rebecca Hatch		
5 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)		
6 ORIGINAL PERIOD COVERED	Month Day Year <b>7 / 1 / 15</b> THROUGH <b>12 / 31 / 15</b>		

## 7 EXPLANATION OF CORRECTION

1. Correct Schedule A to Include received pledge from Texas Hospitality Association
2. Correct Schedule A to amend amount received from Texas Alcoholic Beverage Coalition from \$20,000 to \$25,000 on 11/1/15
3. Correct Schedule F1 to amend amount expended to Texas Petition St. on 11/1/15 to \$25,000

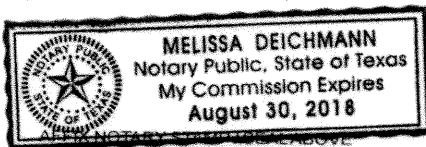
## 8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.


Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Sworn to and subscribed before me, by the said Rebecca Hatch, this the 24 day of March, 20 16, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Notary  
Printed name of officer administering

Notary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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)	2 Total pages filed:  6
3 COMMITTEE NAME  Frisco Committee for Economic Growth		OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		Date Received	
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  8200 Stonebrook Pkwy, #206 Frisco, TX 75034		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME Assistant		Receipt # Amount	
MS / MRS / MR FIRST MI  Ms. Rebecca		Date Processed	
NICKNAME LAST SUFFIX  Hatch		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) Assistant		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  1766 FM 967, Suite C, Buda, TX 78610	
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  same as above	
8 CAMPAIGN TREASURER PHONE Assistant		AREA CODE PHONE NUMBER EXTENSION  ( 512 ) 560-7754	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input 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 7 / 1 / 15    THROUGH    12 / 31 / 15	
11 ELECTION		ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 7 / 16 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
GO TO PAGE 2			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

**12 COMMITTEE NAME**  
Frisco Committee for Economic Growth

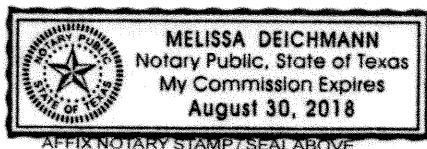
**13 Filer ID (Ethics Commission Filers)**

<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <div style="display: flex; justify-content: space-around;"> <div> <b>ELECTION DATE</b>            Month Day Year            5 / 7 / 16         </div> </div> <b>DESCRIPTION</b> local option alcohol petition/election

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 90,000
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,000
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

## 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Rebecca Hite*

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Rebecca Hite, this the 24 day of March 20 16, to certify which, witness my hand and seal of office.

*Melissa Deichmann*  
Signature of officer administering oath

Notary  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC  
COVER SHEET PG 3****17 COMMITTEE NAME**

Frisco Committee for Economic Growth

**18 Filer ID (Ethics Commission Filers)****19 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 90,000
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	\$ 45,000
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 H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
12.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

Frisco Committee for Economic Growth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/17/15

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Texas Alcoholic Beverage Coalition

6 Contributor address; City; State; Zip Code

1766 FM 967, Suite C, Buda, TX 78610

7 Amount of contribution (\$)

20,000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/1/15

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Texas Alcoholic Beverage Coalition

Contributor address; City; State; Zip Code

1766 FM 967, Suite C, Buda, TX 78610

Amount of contribution (\$)

25,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/19/15

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Texas Hospitality Association

Contributor address; City; State; Zip Code

PO Box 26752  
Austin, TX 78755

Amount of contribution (\$)

45,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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

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.

**1** Total pages Schedule F1: **1** **2** FILER NAME **3** Filer ID (Ethics Commission Filers)  
Frisco Committee for Economic Growth

**4** Date **5** Payee name  
7/17/15 Texas Petition Strategies

**6** Amount (\$) **7** Payee address; City; State; Zip Code  
20,000 1766 FM 967, Suite C  
Buda, TX 78610

**8** **PURPOSE OF EXPENDITURE** **(a) Category** (See categories listed at the top of this schedule) **(b) Description**  
Consulting/Contract Labor  
Petition Signature Gathering  
☐ Check if travel outside of Texas, complete Schedule T  
☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name  
11/1/15 Texas Petition Strategies

Amount (\$) Payee address; City; State; Zip Code  
25,000 1766 FM 967, Suite C, Buda, TX 78610

**PURPOSE OF EXPENDITURE** **Category** (See categories listed at the top of this schedule) **Description**  
Consulting/Contract Labor  
Petition Signature Gathering  
☐ Check if travel outside of Texas, complete Schedule T  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

**PURPOSE OF EXPENDITURE** **Category** (See categories listed at the top of this schedule) **Description**  
☐ Check if travel outside of Texas, complete Schedule T  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**