

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:

3 COMMITTEE NAME

Keeping Frisco First PAC

OFFICE USE ONLY

Date Received

RECEIVED

APR 3 2016

City Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

PO Box 2282
Frisco, TX 75034

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Mr. Alex C. Perry
NICKNAME LAST SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5775 Parkwood Blvd #1110
Frisco, TX 75034

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

Same as street

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(770) 605-9085

9 REPORT TYPE

- ☐ January 15 ☒ 30th day before election ☐ Exceeded \$500 limit
☐ July 15 ☐ 8th day before election ☐ Dissolution (Attach PAC-DP)
☐ Runoff ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year

01 / 01 / 2016 THROUGH 03 / 28 / 2016

11 ELECTION

ELECTION DATE

Month Day Year

05 / 7 / 2016

ELECTION TYPE

- ☐ Primary ☐ Runoff ☐ Other Description
☐ General ☒ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

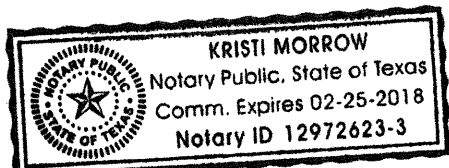
12 COMMITTEE NAME Keeping Frisco First PAC 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE/OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / # <u>Proposition 1</u>
<input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month Day Year <u>05/07/2016</u>
		DESCRIPTION <u>Legal sale of all liquor & mixed beverages</u>

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>17,700.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1802.⁵³</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,847.⁴⁷</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



APPLY NOTARY STAMP/SEAL ABOVE

Alex C. Perry
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Alex C. Perry, this the 3rd day of April, 2016, to certify which, witness my hand and seal of office.

Kristi Morrow Signature of officer administering oath
Kristi Morrow Printed name of officer administering oath
Assistant City Clerk Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Keeping Frisco First</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,700 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 11,000 ⁰⁰
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 5,000 ⁰⁰
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ 0
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,802.33
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alexander C Perry 6 Contributor address; City; State; Zip Code 5775 Parkwood Blvd #1110 Frisco, TX 75034	7 Amount of contribution (\$) \$100 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self-employed
Date 2/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Allen For Frisco Contributor address; City; State; Zip Code 10001 Big Horn Trl Frisco TX 75035	Amount of contribution (\$) \$1,000 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James T. Gaffney Contributor address; City; State; Zip Code 13001 Railhead Ct Frisco, TX 75033	Amount of contribution (\$) \$500 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharon M. Jose Contributor address; City; State; Zip Code 1921 Overwood Dr. Frisco, TX 75034	Amount of contribution (\$) \$100 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name <i>The Rudman Partnership</i> 6 Corporation / Labor Organization address; City; State; Zip Code <i>1700 Pacific Ave Suite 600 Dallas, TX 75201-4670</i>	7 Amount of contribution (\$) <i>\$3000⁰⁰</i>
Date	Corporation / Labor Organization name <i>Hillwood Alliance Group L.P.</i> Corporation / Labor Organization address; City; State; Zip Code <i>30910 Olive Street Suite 300 Dallas, TX 75219</i>	Amount of contribution (\$) <i>\$3000⁰⁰</i>
Date	Corporation / Labor Organization name <i>Newman Real Estate Inc.</i> Corporation / Labor Organization address; City; State; Zip Code <i>9801 Camfield Ave. Frisco, TX 75033</i>	Amount of contribution (\$) <i>\$5000⁰⁰</i>
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>		

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name <i>Frisco Style Magazine</i> <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code <i>7790 Main Street Frisco, TX 75033</i>	7 Amount of Contribution \$ <i>\$5000.00</i>	8 In-kind contribution description <i>2 page ad in Magazine publication</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name <hr/> Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <hr/>	In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name <hr/> Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <hr/>	In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name <hr/> Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <hr/>	In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name <hr/> Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <hr/>	In-kind contribution description <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/14/16		5 Payee name Collin County TX Clerk			
6 Amount (\$) \$20.50		7 Payee address; City; State; Zip Code 2300 Bloomdale Rd. McKinney, TX 75071			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/24/16		Payee name Collin County TX Clerk			
Amount (\$) 20.50		Payee address; City; State; Zip Code 2300 Bloomdale Rd. McKinney TX 75071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/16		Payee name PowWeb			
Amount (\$) 15.95		Payee address; City; State; Zip Code 10 Corporate Dr. Ste. 300 Burlington, MA 01803			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE 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
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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/16		5 Payee name 4over			
6 Amount (\$) 209.46		7 Payee address; City; State; Zip Code 5900 San Fernando Rd. Glendale. CA 91202			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expenses		(b) Description <input type="checkbox"/> Check 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		Candidate / Officeholder name		Office sought	
Office held					
Date 3/18/16		Payee name First Graphic Services, Inc			
Amount (\$) 1533.09		Payee address; City; State; Zip Code 229 Garvon St.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Exp.		Description <input type="checkbox"/> Check 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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check 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					

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