SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	de explains how to complete this	s form.	1 Filer ID (Ethics Commissi	ion Filers)	2 Total pages file	ed: 5
3 COMMITTEE NAME				OFFICE	JSE ONLY	
Frisco Committee for Economic Growth				Date Received RECEIVED		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE	·	#206	ZIP CODE	APR 2 9	9 2016
Change of Address	8200 Stonebrook Frisco, TX 7503		#206		City Secreta	iry's Office
					Date Hand-delivered o	or Date Postmarked
5 CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRE Ms. Ron:		Jeani	мі nean	Date Processed	Amount
	NICKNAME LAS	 sт fner		SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	same as above	ASE); APT / SUI	ITE #; CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX;	APT / SUI	ITE #; CITY;	STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 777-3325					
9 REPORT TYPE	January 15 July 15		before election efore election		Exceeded \$500 limit Dissolution (Attach PAC-I 10th day after campaign	
10 PERIOD COVERED	Month Day	Year			Month Day	Year
	3 / 29 / 1	<u>.</u> 6	THROUGH		4 / 27 /	/ 16
11 ELECTION	Month Day Year 5 7 16	Primary X General	Runoff Special	Other Description		
GO TO PAGE 2						

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Frisco Committee	for Economi		13 Filer ID (Ethics Commission Filers)		
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE				
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	older)		
OPPOSE (Candidate or Measure)					
ASSIST	X MEASURE	BALLOT IDENTIFICATION /# ELECTION DATE Month Day Year 5 7 16			
(Officeholder)		DESCRIPTION local option alcohol pe	etition/election		
		Total option diconol pe			
15 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ANS, OR GUARANTEES OF LOANS), UNLESS ITEM			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 10,000		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		TEMIZED \$ 0		
	4. TOTAL POLIT	\$ 10,000			
CONTRIBUTION BALANCE	5. TOTAL POLITIC	T DAY \$ 0			
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* 0		
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. JARED B. MCDONALD Notory Public, State of Texas My Commission Expires					
August 19, 2019 Signature of Campaign Treasurer					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said Lown; Hefrer, this the 27th					
day of hori , 20 6, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
/					

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	17 COMMITTEE NAME 18 Filer ID (Ethics Com				
Fr	Frisco Committee for Economic Growth				
19	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,000			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6.	6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
7.	SCHEDULE E: LOANS		\$		
8.	8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
9.	9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
10.	0. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
11.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH	\$		
12.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
13.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$		

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:		
2 FILER NAME Frisco Comn	nittee for Economic Growth		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	6 Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/16	Contributor address; City; State; Zip Code 1766 FM 967, Suite C Buda, TX 78610		10,000	
	,		(If travel outside	l of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		or roxes, complete octionals ry
Date	Full name of contributor		Amount of contribution (\$)	In-kind 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 Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)

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

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	Ils Expense Salaries/Wages/Contract Labor Loan Solicitation/Fundraising Expense Transe Travel In District Con Travel Out Of District Office Overhead/Rental Expense OTH		Loan Repayment/ Transportation Eqi Contributions/Don- Candidate/Offic OTHER (enter a c	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee vTHER (enter a category not listed above)	
	The Instruction Guide	explains how to	complete this fo	rm.		
1 Total pages Schedule F:	2 FILER NAME Springer					
4 Date	5 Payee name					
4/18/16	Texas Petition Strategies					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
10,000	10,000 1766 FM 967, Suite C Buda, TX 78610					
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description) (If travel outside of Te:	xas. complete Schedule T)	
OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Election Consulting				, and a complete control of the cont	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	3	Office sough	ht ·	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; St	tate; Zip Code		The state of the s		
PURPOSE	Category (See categories listed at the to	pp of this schedule)	Description	(If travel outside of Tex	xas, complete Schedule T)	
OF EXPENDITURE	Election Consulting	,		(II ware outlied or	.as, complete schedule 17	
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	}	Office sough	nt	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt	Office held	
Date	Payee name			MANUFACTURE CONTRACTOR		
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	t	Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDIILEAS	NEEDED		