

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME <i>Yes for Frisco</i>		<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> <b>APR 04 2019</b> <b>3:32 PM A.C.</b> CITY SECRETARY'S OFFICE Date Hand-delivered or Date 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  <i>4230 Artisan Park Frisco, TX 75034 Unit 205</i>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <i>Mr. Brad</i> NICKNAME      LAST      SUFFIX <i>Sharp</i>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <i>4230 Artisan Park Frisco, TX 75034 Unit 205</i>		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(972) 360-8102</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <i>02 / 08 / 19</i> <i>04 / 03 / 19</i>		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>05 / 04 / 19</i> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

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# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC  
COVER SHEET PG 2

12 COMMITTEE NAME

Yes for Frisco

13 Filer ID (Ethics Commission Filers)

## 14 COMMITTEE ACTIVITY

(Attach lists on plain  
paper to complete this  
report if necessary.)

### 1. Candidates

(Identify by name  
or, if applicable,  
classify by party.)

A. Supported

B. Opposed

### 2. Measures

(Describe by date  
and location of  
election and  
nature of issue.)

A. Supported

Bond Propositions A-E

B. Opposed

### 3. Officeholders Assisted

(Identify by name  
or, if applicable,  
classify by party.)

## 15 CONTRIBUTION TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS)

☐ check here if this report qualifies for the higher itemization threshold

\$ 30

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 180

## EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

## CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF THE REPORTING PERIOD

\$ 150

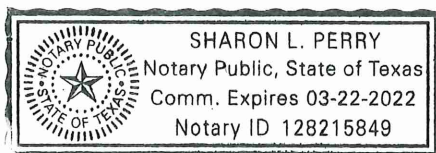
## OUTSTANDING LOAN TOTALS

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.



*[Signature]*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brad Sharp, this the 4<sup>th</sup>  
day of April, 20 19, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Sharon Perry  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - GPAC

FORM GPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <i>Yes for Frisco</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>150</i>
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>30</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE C3 : MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE C4 : NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Yes for Frisco</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/28/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shanna Keaveny</u>	7 Amount of contribution (\$) <u>100</u>
6 Contributor address; City; State; Zip Code <u>6053 Connely Dr. Frisco, TX 75034</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>03/30/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Gallagher</u>	Amount of contribution (\$) <u>50</u>
Contributor address; City; State; Zip Code <u>7070 Glen Abbey Ct. Frisco TX 75036</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Yes for Frisco</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>30</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			