SPECIFIC-PURPOSE COMMITTEE FORM SPAC **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT# Total pages filed: The SPAC Instruction Guide explains how to complete this (Ethics Commission filers) form. 3 COMMITTEE NAME OFFICE USE ONLY RECEIVED Taxpayers for More Tax \$ Date Received JUL 15 2013 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE **ADDRESS** City Secretary's Office 6843 Main Street Change of Address Date Hand-delivered or Date Postmarked Frisco, TX 75034 MS / MRS / MR FIRST 5 CAMPAIGN ΜI Receipt # Amount **TREASURER** Chris NAME Date Processed . . LAST NICKNAME SUFFIX Moss Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) same as above STREET OR PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER'S **MAILING ADDRESS** same as above Change of Address AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER (2K) 850 2401 PHONE 9 REPORTTYPE January 15 30th day before election Exceeded \$500 limit X July 15 8th day before election Dissolution (attach PAC-DR) Runoff 10th day after campaign treasurer termination 10 PERIOD COVERED Month Day Year 1 / 13 6 / 30 / 13 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Year Day Primary Runoff 6 / 12 General X Special **GO TO PAGE 2**

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Taxpayers for More Tax \$				ACCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
X SUPPORT (Candidate or Measure)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	holder)
OPPOSE				
(Candidate or Measure)		X MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year
ASSIST (Officeholder)			DESCRIPTION	,
-			local option alcohol	petition/election
14 CONTRIBUTION 1. TOTALS		TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			\$
4.		TOTAL POLITICAL EXPENDITURES		\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMO LAST DAY OF THE REF	OUNT OF ALL OUTSTANDING LOANS AS OF THE PORTING PERIOD	\$
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 of campaign treasurer				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said <u>(NVS/opher Moss</u> , this the <u>15th</u> day				
of Hully, 20 8, to certify which, witness my hand and seal of office. White Signature of officer administering oath White of officer administering oath Title of officer administering oath				

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.

· Complete only if "Report Type" on page 1 is marked "Dissolution" · ·

1 COMMITTEE NAME

Taxpayers for More Tax \$

ACCOUNT #
(Ethics Commission filers)

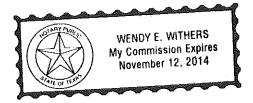
3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of campaign treasurer

DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _

Christopher Moss

dav

of July , 20 1 ?

_, 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