# Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 **SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT**

#### FORM SPAC COVER SHEET PG 1

1-800-325-8506

			WOVER WILL		
The SPAC Instruction (	Guide explains how to complete this	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:	4	
3 COMMITTEE NAME			OFFICE US	OFFICE USE ONLY	
Taxpayers for More Tax \$		Date Received   10/8/12 &			
4 COMMITTEE ADDRESS		CITY; STATE; ZIP CODE	70/0//	V	
Change of Address	6843 Main Street	Date Hand-delivered or I	Data Pastmarked		
onlings of Australia	Frisco, TX 75034		Date Hallo-bellyeled of t	Date Postinalikeu	
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Receipt #	Amount	
NAME	Chris	, Date Processed	Date Processed		
	Moss	Moss		Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	street Address (NO PO BOX PLEASE); APT/SU	UITE#; CITY; STATE;	ZIP CODE	enne enne en	
	STREET OR PO BOX; APT / SU	JITE#; CITY; STATE;	ZiP CODE		
7 CAMPAIGN TREASURER'S MAILING ADDRESS					
Change of Address					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE					
9 REPORTTYPE	January 15   X	30th day before election 8th day before election Runoff	Exceeded \$500 lin Dissolution (attact	th PAC-DR)	
10 PERIOD COVERED	Month Day Year		termination  Month Day	Year	
	7 / 1 / 12	THROUGH	10/5/	12	
11 ELECTION	ELECTION DATE ELECTI Month Day Year	ION TYPE	***************************************		
		Primary Runoff	General Z	Special	
GO TO PAGE 2					

### SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

Austin, Texas 78711-2070

## FORM SPAC COVER SHEET PG 2

			Manual Control of the	
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	
SUPPORT (Candidate or Measu	ure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	nolder)
OPPOSE (Candidate or Measure)  ASSIST (Officeholder)			BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year
		X MEASURE	DESCRIPTION  local option alcohol	petition/election
14 CONTRIBUTION TOTALS	1.		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
EXPENDITURE TOTALS  3.		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 25,000
		TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  TOTAL POLITICAL EXPENDITURES		\$
				\$ 25,000
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AME LAST DAY OF THE REF	OUNT OF ALL OUTSTANDING LOANS AS OF THE PORTING PERIOD	\$
ROSALIND LEE RIGHETI Notary Public, State of Texas My Commission Expires July 13, 2013  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.				
Sworn to and subscriber		e me, by the said	Signature of campaign of the seal of office.	treasurer this the day
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The ไหราหบดาเอน Guide explains how to complete this form.			1 Total pages this Schedule A:			
2 FILER NAME Ta	: xpayers for More Tax \$\$		3 ACCOUNT # (Eth	ics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_ Palomino Purchase	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9/23/12	6 Contributor address; City; State; Zip Code 3008 E. Hebron Parkway		5,000			
	Carrollton, TX					
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)			structions)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
9/23/12	Contributor address; City; State; Zip Code 11835 Preston Rd.		20,000			
	Dallas, TX 75230					
Principal occupation / Job title (See Instructions) Employer (See Instructions)			structions)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code	. ,	<u>.</u>   			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			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)	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	tructions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

POLITIO	CAL EXPENDITURES			SCHEDULE F	
The Instruction Guide explains how to complete this form.				s Schedule F: 1	
2 FILER NAME Taxpayers for More Tax \$\$			3 ACCOUNT	# (Ethics Commission filers)	
4 Date 9/24/12	5 Payeename Texas Petition Strategies			7 Amount (\$)	
-,,	6 Payee address; City; State; Zip Code 1201 W. Abram Arlington, TX 76013	25,000			
8 Purpose of payment (See instructions regarding type of information required.) 9 •• Complete if direct expenditure Candidate / Officeholder name		to benefit C/OH ** Office sought Office held			
Election	<b>.</b>				
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
				***************************************	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH · · Office sought Office held	
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of paya required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held	
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of payr required.)	ment (See Instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held	
-TYPE	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		