

# 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:

~~1~~ 2

3 COMMITTEE NAME

Keeping Frisco First

OFFICE USE ONLY

Date Received

RECEIVED

JUL 17 2017

CITY SECRETARY'S OFFICE  
*CR*

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

10601 Big Horn Trail Frisco TX 75035

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Robert

G

NICKNAME

LAST

SUFFIX

Bob

Allen

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

10601 Big Horn Trail Frisco TX 75035

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Change of Address

10601 Big Horn Trail Frisco TX 75035

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(469) 6673396

9 REPORT TYPE

January 15

30th day before election

Exceeded \$500 limit

July 15

8th day before election

Dissolution (Attach PAC-DR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

Month Day Year

01 / 01 / 17

THROUGH

06 / 30 / 17

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other Description

General

Special

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

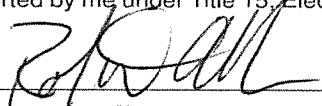
12 COMMITTEE NAME Keeping Frisco First 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month / Day / Year _____ / _____ / _____ DESCRIPTION

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>∅</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>∅</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>56<sup>95</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>56<sup>95</sup>/<sub>100</sub></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>531<sup>00</sup>/<sub>100</sub></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>∅</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.

  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert G. Allen, this the 17<sup>th</sup> day of July, 2017, to certify which, witness my hand and seal of office.

      Angela Lunsford      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA  
PG 1**

<b>1 CANDIDATE NAME</b> Bob Allen	<b>2 ACCOUNT #</b>	<b>3 Total pages filed:</b> 1
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**See ACTA Instruction Guide for detailed instructions.  
 Use this form for changes to existing information *only*. Do not provide information previously disclosed.**

<b>4 CANDIDATE NAME</b>	<input type="checkbox"/> NEW	MS / MRS / MR Mr.	FIRST Robert	MI G	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b>  <b>JUL 17 2017</b>  CITY SECRETARY'S OFFICE <i>af</i>	
	NICKNAME Bob	LAST Allen	SUFFIX			
<b>5 CANDIDATE MAILING ADDRESS</b>	<input type="checkbox"/> NEW	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE 10601 Big Horn Trail; Frisco; TX; 75035				Date Hand-delivered or Postmarked
	<input type="checkbox"/> NEW	AREA CODE    PHONE NUMBER    EXTENSION ( 469 ) 667-3396				Date Processed
<b>6 CANDIDATE PHONE</b>	<input type="checkbox"/> NEW	AREA CODE    PHONE NUMBER    EXTENSION ( 469 ) 667-3396				Date Imaged

**7 OFFICE HELD** (if any)  NEW

**8 OFFICE SOUGHT** (if known)  NEW

**9 CAMPAIGN TREASURER NAME**

<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		Mr. Robert G		Allen		

**10 CAMPAIGN TREASURER STREET ADDRESS** (residence or business)

<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	10601 Big Horn Trail; Frisco; TX; 75035				

**11 CAMPAIGN TREASURER PHONE**

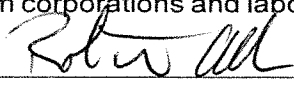
<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION
	( 469 )	667-3396	

**12 CANDIDATE SIGNATURE**

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
 \_\_\_\_\_  
 Signature of Candidate

6/30/17  
 \_\_\_\_\_  
 Date Signed

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