

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:																
3 COMMITTEE NAME <div style="font-size: 24px; text-align: center;">Save Frisco</div>		<div style="text-align: center; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div> <div style="text-align: center; font-weight: bold; font-size: 18px; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 14px;">Date Received</div> <div style="text-align: center; font-weight: bold; font-size: 16px;">JUL 15 2011</div> <div style="text-align: center; font-weight: bold; font-size: 12px;">City Secretary's Office</div> <div style="text-align: center; font-weight: bold; font-size: 14px;">3:19pm tjt</div> <div style="text-align: center; font-weight: bold; font-size: 10px;">Date Hand-delivered or Postmarked</div> <table style="width:100%; font-size: 8px; margin-top: 5px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <div style="text-align: center; font-weight: bold; font-size: 10px;">Date Processed</div> <div style="text-align: center; font-weight: bold; font-size: 10px;">Date Imaged</div>		Receipt #	Amount														
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4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	<table style="width:100%; font-size: 10px;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:25%;">APT / SUITE #;</td> <td style="width:25%;">CITY;</td> <td style="width:25%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 14px;">P.O. Box 295 Frisco TX 75034</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 16px;">5729 Lebanon Rd., #144</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 295 Frisco TX 75034					5729 Lebanon Rd., #144					
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5 CAMPAIGN TREASURER NAME	<table style="width:100%; font-size: 10px;"> <tr> <td style="width:25%;">MS / MRS / MR</td> <td style="width:25%;">FIRST</td> <td style="width:25%;">MI</td> <td style="width:25%;"> </td> </tr> <tr> <td> </td> <td style="text-align: center; font-size: 18px;">Gina</td> <td style="text-align: center; font-size: 18px;">M.</td> <td> </td> </tr> <tr> <td style="border-top: 1px dashed black;">NICKNAME</td> <td style="border-top: 1px dashed black;">LAST</td> <td style="border-top: 1px dashed black;">SUFFIX</td> <td> </td> </tr> <tr> <td style="text-align: center; font-size: 18px;">Gabriano</td> <td> </td> <td> </td> <td> </td> </tr> </table>			MS / MRS / MR	FIRST	MI			Gina	M.		NICKNAME	LAST	SUFFIX		Gabriano			
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6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	<table style="width:100%; font-size: 10px;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 14px;">5040 Lorraine Dr. Frisco TX 75034</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5040 Lorraine Dr. Frisco TX 75034										
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8 CAMPAIGN TREASURER PHONE	<table style="width:100%; font-size: 10px;"> <tr> <td style="width:30%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:30%;">EXTENSION</td> </tr> <tr> <td> </td> <td style="text-align: center; font-size: 18px;">(972) 668-4821</td> <td> </td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION		(972) 668-4821											
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9 REPORT TYPE	<table style="width:100%; font-size: 10px;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Dissolution (attach PAC-DR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination							
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10 PERIOD COVERED	<table style="width:100%; font-size: 10px;"> <tr> <td style="width:30%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td style="font-size: 24px;">05</td> <td style="font-size: 24px;">07</td> <td style="font-size: 24px;">11</td> <td> </td> <td style="font-size: 24px;">07</td> <td style="font-size: 24px;">15</td> <td style="font-size: 24px;">11</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	05	07	11		07	15	11		
Month	Day	Year	THROUGH	Month	Day	Year													
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11 ELECTION	<table style="width:100%; font-size: 10px;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month Day Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td style="font-size: 24px;">05/14/11</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	05/14/11						
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05/14/11																			

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Save Frisco ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" 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 checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Proposition 1 Month Day Year 05/14/11
		DESCRIPTION <u>for reworking the Ace Bond</u>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2839.78</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1643.05
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1643.05</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 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 Gina Gabriano, this the 15th day of July, 2011, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Ian Santorella Printed name of officer administering oath Personal Banker Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME Save Frisco 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>07/12/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Howard Akin</u>	7 Amount of contribution (\$) <u>1,639.78</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>44 Armstrong Dr. Frisco TX 75034</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>07/12/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tony Ewing</u>	Amount of contribution (\$) <u>1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6323 Raven's Ct. Frisco, TX 75034</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>07/12/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Fabry</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4992 Troquois, Frisco, TX 75034</u>		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Save Frisco	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09/07/11	5 Payee name Print Race
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6 Amount (\$) 1,643.05	7 Payee address; City; State; Zip Code 1130 Ave. H East Arlington TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) mailers
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME *Save Frisco* 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ *0*

5 Date of loan *04/07/11* 7 Name of lender *Howard Alein* out-of-state PAC (ID#: _____) 9 Loan Amount (\$) *\$1643.05*

6 Is lender a financial institution? *Y* *N* 8 Lender address; City; State; Zip Code *44 Armstrong Dr. Frisco, TX 75034* 10 Interest rate *0*
 11 Maturity date *0*

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION 16 Name of guarantor 18 Amount Guaranteed (\$)
 not applicable 17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions) 20 Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)
 Is lender a financial institution? Lender address; City; State; Zip Code Interest rate
 Y N Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral
 none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)
 not applicable Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions) Employer (See Instructions)

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Save Frisco</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>06/08/11</i>	5 Payee name <i>Howard Akin</i>
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6 Amount (\$) <i>3,400.00</i>	7 Payee address; City; State; Zip Code <i>44 Armstrong Dr Frisco, TX 75034</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	(b) Description (See instructions regarding type of information required.) <i>for personal expenditure made for political advertising costs</i>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>Save Frisco</i>	2 ACCOUNT # (Ethics Commission Filers)
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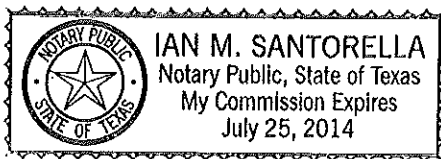
3 Affidavit of Dissolution

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.

[Handwritten Signature]

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 *Gina Grabiano*, this the *15th* day of *July*, 20 *11*, to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i> Signature of officer administering oath	<i>Ian Santorella</i> Printed name of officer administering oath	<i>Personal Banker</i> Title of officer administering oath
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