

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

|  |  |   |   |                                  |  |                                  |   |
|--|--|---|---|----------------------------------|--|----------------------------------|---|
| The SPAC INSTRUCTION GUIDE explains how to complete this form.                           |  | 1 ACCOUNT #<br>(Ethics Commission filers)                   | 2 Total pages filed:<br>2   |                                  |  |                                  |   |
| 3 COMMITTEE NAME<br><br>Taxpayers for More Tax \$  |  |   | OFFICE USE ONLY<br>Date Received <b>RECEIVED</b><br><b>OCT 29 2012</b><br>City Secretary's Office |                                  |  |                                  |   |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                    | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><br>6843 Main Street<br>Frisco, TX 75034 |   |   |                                  | Date Hand-delivered or Date Postmarked |                                  |   |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST   | MI  | Receipt #                        | Amount                                 |                                  |   |
|  |  | Chris   |   | Date Processed                   |  |                                  |   |
|  | NICKNAME   | LAST  | SUFFIX  | Date Imaged                      |  |                                  |   |
|  |  | Moss  |   |                                  |  |                                  |   |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS<br>(Residence or business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE                            |   | same as above   |                                  |  |                                  |   |
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |   | same as above   |                                  |  |                                  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION   |                                  |  |                                  |   |
|  | ( )  |   |   |                                  |  |                                  |   |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Exceeded \$500 limit   |                                  |  |                                  |   |
|  | <input type="checkbox"/> July 15   | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Dissolution (attach PAC-DR)  |                                  |  |                                  |   |
|  |  | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> 10th day after campaign treasurer termination                            |                                  |  |                                  |   |
| 10 PERIOD COVERED  | Month  | Day   | Year  | Month                            | Day                                    | Year                             |   |
|  | 10   | 6   | 12  | THROUGH                          | 10                                     | 26                               | 12  |
| 11 ELECTION  | ELECTION DATE  |   |   | ELECTION TYPE                    |  |                                  |   |
|  | Month  | Day   | Year  | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff        | <input type="checkbox"/> General | <input checked="" type="checkbox"/> Special |
|  | 11   | 6   | 12  |                                  |  |                                  |   |

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** Taxpayers for More Tax \$ **ACCOUNT #** (Ethics Commission filers)

|  |  |  |
|--|--|--|
| <b>13 COMMITTEE PURPOSE</b><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input checked="" type="checkbox"/> <b>SUPPORT</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>OPPOSE</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>ASSIST</b><br>(Officeholder) | <input type="checkbox"/> <b>CANDIDATE</b>          | <b>CANDIDATE / OFFICEHOLDER NAME</b><br><br>_____  |
|  | <input type="checkbox"/> <b>OFFICEHOLDER</b>       | <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b><br><br>_____   |
|  | <input checked="" type="checkbox"/> <b>MEASURE</b> | <b>BALLOT IDENTIFICATION / #</b> _____ <b>ELECTION DATE</b><br>Month / Day / Year<br>_____ / _____ / _____<br><b>DESCRIPTION</b><br>local option alcohol petition/election |

|                                |   |      |
|--------------------------------|---|------|
| <b>14 CONTRIBUTION TOTALS</b>  | 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)                                  | \$ 0 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$   |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$   |
| <b>OUTSTANDING LOAN TOTALS</b> | 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 of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher B. Moss, this the 29<sup>th</sup> day of October, 2012, to certify which, witness my hand and seal of office.

Bonnie Tears  
Signature of officer administering oath

Bonnie Tears  
Printed name of officer administering oath

Record Clerk/Notary Public  
Title of officer administering oath