# 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: 19

3 COMMITTEE NAME: GRAPEVINE FAMILY PAC

OFFICE USE ONLY

Date Received: RECEIVED OCT 31 2016 City Secretary's Office 2:59 pm

Date Hand-delivered or Date Postmarked

Receipt #: Amount $:

Date Processed:

Date Imaged:

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO BOX 1344
APT / SUITE #:
CITY: GRAPEVINE
STATE: TX
ZIP CODE: 76099

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR
FIRST: MICHAEL
MI: B
NICKNAME: MIKE
LAST: MORRIS
SUFFIX: SR

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 849 N RIVERSIDE DR
APT / SUITE #:
CITY: GRAPEVINE
STATE: TX
ZIP CODE: 76051

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET ADDRESS OR PO BOX: PO BOX 1344
APT / SUITE #:
CITY: GRAPEVINE
STATE: TX
ZIP CODE: 76099-1344

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817)
PHONE NUMBER: 481-3706
EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☒ 8th day before election
- ☐ Runoff
- ☐ Exceeded $500 limit
- ☐ Dissolution (Attach FAD-01)
- ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 10 / 08 / 16 THROUGH Month Day Year: 10 / 31 / 16

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 08 / 16

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ☐ Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC**
**COVER SHEET PG 2**

**12 COMMITTEE NAME** GRAPEVINE FAMILY PAC

**13** Filer ID (Ethics Commission Filers)

**14 COMMITTEE PURPOSE**

(Attach lists on plain paper to complete this report if necessary.)

☐ SUPPORT (Candidate or Measure)

☒ OPPOSE (Candidate or Measure)

☐ ASSIST (Officeholder)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE Month / Day / Year: 11 / 08 / 2016

DESCRIPTION: HARD LIQUOR SALES IN THE CITY OF GRAPEVINE

**15 CONTRIBUTION TOTALS**

| | | |
|---|---|---|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF $30 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 1800.00 |
| 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 3900.00 |

**EXPENDITURE TOTALS**

| | | |
|---|---|---|
| 3. | TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ Ø |
| 4. | **TOTAL POLITICAL EXPENDITURES** | $ 7141.28 |

**CONTRIBUTION BALANCE**

| | | |
|---|---|---|
| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 4821.53 |

**OUTSTANDING LOAN TOTALS**

| | | |
|---|---|---|
| 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 9500.00 |

**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 _____, this the _____ day of _____, 20____, 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

# SUBTOTALS - SPAC

**FORM SPAC**
**COVER SHEET PG 3**

| 17 COMMITTEE NAME | 18 Filer ID (Ethics Commission Filers) |
|---|---|
| GRAPEVINE FAMILY PAC | |

| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|---|
| 1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 3900.00 |
| 2. ☐ SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ Ø |
| 3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS | $ Ø |
| 4. ☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | $ Ø |
| 5. ☐ SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | $ Ø |
| 6. ☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION | $ Ø |
| 7. ☐ SCHEDULE E: LOANS | $ Ø |
| 8. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 7,141.28 |
| 9. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ Ø |
| 10. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ Ø |
| 11. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ Ø |
| 12. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ Ø |
| 13. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ Ø |
| 14. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ Ø |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME: GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor | 7 Amount of contribution ($) |
|---|---|---|
| 10/18/16 | ☐ out-of-state PAC (ID#: ) DEBORAH MEEK<br>6 Contributor address; City; State; Zip Code<br>1025 BROWNSTONE DR GRAPEVINE 76051 | $1000.00 |

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

| Date | Full name of contributor | Amount of contribution ($) |
|---|---|---|
| 10/19/16 | ☐ out-of-state PAC (ID#: ) JOHN DORETY<br>Contributor address; City; State; Zip Code<br>PO BOX 93419 SOUTHLAKE TX 76092 | $ 500.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor | Amount of contribution ($) |
|---|---|---|
| 10/23/16 | ☐ out-of-state PAC (ID#: ) THE TELEPHONE CONNECTION<br>Contributor address; City; State; Zip Code<br>PO BOX 907 GRAPEVINE TX 76099 | $ 500.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor | Amount of contribution ($) |
|---|---|---|
| 10/26/16 | ☐ out-of-state PAC (ID#: ) ROY STEWART<br>Contributor address; City; State; Zip Code<br>1133 AIRLINE DR GRAPEVINE TX 76051 | $100.00 |

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.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A2: 1

2 FILER NAME GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ Ø

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#: ) | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| | 7 Contributor address; City; State; Zip Code | ☐ Check if travel outside of Texas. Complete Schedule T. | |

| | |
|---|---|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| | Contributor address; City; State; Zip Code | ☐ Check if travel outside of Texas. Complete Schedule T. | |

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# PLEDGED CONTRIBUTIONS

**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES $ Ø

| 5 Date | 6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) | 8 Amount of Pledge $ | 9 In-kind contribution description |
|---|---|---|---|
| | 7 Pledgor address; City; State; Zip Code | ☐ Check if travel outside of Texas. Complete Schedule T. | |

| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) | Amount of Pledge $ | In-kind contribution description |
|---|---|---|---|
| | Pledgor address; City; State; Zip Code | ☐ Check if travel outside of Texas. Complete Schedule T. | |

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

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) | Amount of Pledge $ | In-kind contribution description |
|---|---|---|---|
| | Pledgor address; City; State; Zip Code | ☐ Check if travel outside of Texas. Complete Schedule T. | |

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

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) | Amount of Pledge $ | In-kind contribution description |
|---|---|---|---|
| | Pledgor address; City; State; Zip Code | ☐ Check 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.**

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C1: |
|---|---|---|
| 2 FILER NAME Grapevine Family PAC | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Corporation / Labor Organization name<br>6 Corporation / Labor Organization address; City; State; Zip Code | 7 Amount of contribution ($) |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution ($) |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C2: 1

2 FILER NAME GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Corporation / Labor Organization name<br>6 Corporation / Labor Organization address; City; State; Zip Code | 7 Amount of Contribution $ | 8 In-kind contribution description |
|---|---|---|---|
| | | | ☐ Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | | ☐ Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | | ☐ Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | | ☐ Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | | ☐ Check if travel outside of Texas. Complete Schedule T. |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE D**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule D: 1

2 FILER NAME GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Corporation / Labor Organization name<br>6 Corporation / Labor Organization address; City; State; Zip Code | 7 Amount of Contribution $ | 8 In-kind contribution description |
|---|---|---|---|
| | | ☐ Check if travel outside of Texas. Complete Schedule T. | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | ☐ Check if travel outside of Texas. Complete Schedule T. | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | ☐ Check if travel outside of Texas. Complete Schedule T. | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | ☐ Check if travel outside of Texas. Complete Schedule T. | |
| Date | Corporation / Labor Organization name<br>Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
| | | ☐ Check if travel outside of Texas. Complete Schedule T. | |

**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: 1

2 FILER NAME: GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

| 5 Date of loan | 7 Name of lender ☐ out-of-state PAC (ID#: ) | 9 Loan Amount ($) |
|---|---|---|
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate<br>11 Maturity date |

| 12 Principal occupation / Job title (See Instructions) | 13 Employer (See Instructions) |
|---|---|
| 14 Description of Collateral ☐ none | 15 Check if personal funds were deposited into political account (See Instructions) ☐ |

| 16 GUARANTOR INFORMATION ☐ not applicable | 17 Name of guarantor | 19 Amount Guaranteed ($) |
|---|---|---|
| | 18 Guarantor address; City; State; Zip Code | |

| 20 Principal Occupation (See Instructions) | 21 Employer (See Instructions) |
|---|---|

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

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Description of Collateral ☐ none | Check if personal funds were deposited into political account (See Instructions) ☐ |

| GUARANTOR INFORMATION ☐ not applicable | Name of guarantor | Amount Guaranteed ($) |
|---|---|---|
| | 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.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 | GRAPEVINE FAMILY PAC | |

| 4 Date | 5 Payee name |
|---|---|
| 10/20/16 | MAYES MEDIA GROUP |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 6481.35 | 312 GREENWOOD DR SUNNYVALE TX 75182 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | PRINTING EXPENSE | ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/24/16 | ANNA GILBREATH |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $300.00 | 1802 GREENHAVEN GRAPEVINE TX 76051 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | CONSULTING EXPENSE | ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/24/16 | KATHLEEN MORRIS |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $136.26 | GRAPEVINE TX |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | FEE<br>FOOD/BEVERAGE EXPENSE | ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME GRAPEVINE FAMILY PAC | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/25/16 | 5 Payee name PRITCHETT CAMPAIGN STRATEGIES | |
| 6 Amount ($) $223.67 | 7 Payee address; City; State; Zip Code 6836 BRANTS LANE FORT WORTH TX 76116 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule F2: 1 | 2 FILER NAME GRAPEVINE FAMILY PAC | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS | | $ Ø |

| | | |
|---|---|---|
| 5 Date | 6 Payee name | |
| 7 Amount ($) | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | ☐ Political ☐ Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description<br>☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| TYPE OF EXPENDITURE | ☐ Political ☐ Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br>☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME: GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of Investment

8 Amount of Investment ($)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of Investment

Amount of investment ($)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule F4: 1 | 2 FILER NAME GRAPEVINE FAMILY PAC | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ Ø |
| 5 Date | 6 Payee name | |
| 7 Amount ($) | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | ☐ Political ☐ Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| TYPE OF EXPENDITURE | ☐ Political ☐ Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule H: 1 | 2 FILER NAME GRAPEVINE FAMILY PAC | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | |
| 6 Amount ($) | 7 Business address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description<br>☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Business name | |
| Amount ($) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br>☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Business name | |
| Amount ($) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br>☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule I: 1 | 2 FILER NAME GRAPEVINE FAMILY PAC | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount ($) ☐ Expenditure from corporate funds | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount ($) ☐ Expenditure from corporate funds | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount ($) ☐ Expenditure from corporate funds | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount ($) ☐ Expenditure from corporate funds | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Name of person from whom amount is received<br>6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount ($) |
|---|---|---|
| | 7 Purpose for which amount is received ☐ Check if political contribution returned to filer | |

| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Purpose for which amount is received ☐ Check if political contribution returned to filer | |

| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Purpose for which amount is received ☐ Check if political contribution returned to filer | |

| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Purpose for which amount is received ☐ Check if political contribution returned to filer | |

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME GRAPEVINE FAMILY PAC

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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