SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction	Guide explains how to complete this forr	n.	1 Filer ID (Ethics Cor 000814	nmission Filers) 76		2 Total pa 9	ages filed:	
3 COMMITTEE NAME							ICE USE	ONI Y
Yes For Northwes	t							ONET
						Date Received ELECTRO 07/06/202	ONICALLY	FILED
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CIT	Y; ST.	ATE; ZIP	CODE			
ADDRESS	PO Box 1322					Date Hand-de	livered or Date I	Postmarked
Change of Address								
	Roanoke, TX 76262					Receipt #	Am	ount
						Date Processe	ed	
						Date Imaged		
5 CAMPAIGN	MS / MRS / MR FIRST					MI		
TREASURER	Mrs. Michelle L							
NAME		-						
	NICKNAME LAST					SUFFIX		
	Lunday					001100		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	SE);	ŀ	APT / SUITE #;	CITY	;	STATE;	ZIP CODE
TREASURER	2810 Castlereach Street	,,						
STREET ADDRESS								
(Residence or Business)	Trophy Club, TX 76262							
7 CAMPAIGN	STREET OR PO BOX;		A	APT / SUITE #;	CITY	- 3	STATE;	ZIP CODE
TREASURER MAILING	PO Box 1322							
ADDRESS								
	Roanoke, TX 76262							
Change of Address								
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	E	EXTENSION					
PHONE	(972) 897-8383							
9 REPORT								
TYPE	January 15	30th	day before ele	ection		Exceeded r	nodified repor	ting limit
		8th	day before elec	ction		Dissolution	(Attach PAC-	DR)
	X July 15	Run	off				ter campaign	treasurer
						termination		
10 PERIOD COVERED	Month Day Year	тι	IROUGH	Mor		•	ar	
	04/27/2023	11	IKOUGH		06/30	/2023		
11 ELECTION	ELECTION DATE			ELECTION TY	PE			
-	Month Day Year	Prin	nary	Runoff	Г	Other		
	05/06/2023	l Ger	eral	X Special		-		
			ciu					
	I							
GO TO PAGE 2								
Forms provided by To			hics.state.tx				Version VS	3.5.1.7bd706d4
i onno provided by Te		w.et	าเธอ.อเฉเษ.ไห					

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)				
Yes For Northwest			00081476					
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME						
(Attach lists on plain paper to complete this	Candidate							
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELI	D (officeholder)					
X SUPPORT (Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE				
			Month	Day Year				
(Candidate or Measure)			05/06/2	2023				
	X Measure	DESCRIPTION						
(Officeholder)		Northwest ISD Proposition A						
15 CONTRIBUTION		RIBUTIONS OF \$50 OR LESS (OTHER THAN		1				
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE	r ELDOLS,	\$ \$0.00				
	2. TOTAL POLITICAL CO	ONTRIBUTIONS						
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \$2,500.00							
EXPENDITURE	3. TOTAL UNITEMIZED PO							
TOTALS		\$ \$15,100.01						
	4. TOTAL POLITICAL EX							
				\$ \$30,200.02				
CONTRIBUTION BALANCE								
OUTSTANDING	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF T	HE LAST					
LOAN TOTALS		\$ \$0.00						
16 AFFIDAVIT				•				
		I swear, or affirm, under penalty of perju and correct and includes all information Title 15, Election Code.						
		Mrs. Michel	le L. Lunday					
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Car		er				
		, tr	nis the	day				
of	of, 20, to certify which, witness my hand and seal of office.							
Signature of officer ad	ministering oath Print	ed name of officer administering oath	Title of office	er administering oath				
2.3.144.10 01 011001 441				sector and a sector and a sector a se				

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC ADDENDUM

			Page 3 of 9
12 COMMITTEE NAME Yes For Northwest			13 Filer ID (Ethics Commission Filers) 00081476
14 COMMITTEE		CANDIDATE / OFFICE HOLDER NAME	
PURPOSE			
(Attach lists on plain paper to complete this			
report if necessary.)		OFFICE SOUGHT (candidate) / OFFICE HE	ELD (officeholder)
X SUPPORT (Candidate or Measure)			
		BALLOT IDENTIFICATION	ELECTION DATE
OPPOSE	—		MONTH DAY YEAR
(Candidate or Measure)	X MEASURE		05/06/2023
_		DESCRIPTION	
(Officeholders only)		Northwest ISD Proposition B	
COMMITTEE PURPOSE		CANDIDATE / OFFICE HOLDER NAME	
(Attach lists on plain	CANDIDATE		
paper to complete this report if necessary.)		OFFICE SOUGHT (candidate) / OFFICE HE	-I.D. (officeholder)
_	OFFICE HOLDER		
X SUPPORT (Candidate or Measure)			
		BALLOT IDENTIFICATION	ELECTION DATE
OPPOSE			MONTH DAY YEAR
(Candidate or Measure)	X MEASURE		05/06/2023
		DESCRIPTION	
(Officeholders only)		Northwest ISD Proposition C	
(Onicenolders entry)		<u> </u>	

SUBTOTALS - SPAC		FORM SPAC					
		OVER SHEET PG 3 4 of 9					
17 COMMITTEE NAME Yes For Northwest	18 Filer ID 00081476	(Ethics Commission Filers)					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT					
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00					
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00					
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00					
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$ 2,500.00					
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$					
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$					
7. SCHEDULE E: LOANS		\$					
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30,200.02						
9. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00						
10. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$ 0.00						
11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	11. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$						
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$					
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$					
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	\$						

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/9
2 FILER NAME Yes For Northwest	3 Filer ID (Ethics Commission Filers) 00081476
⁴ TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable) Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	ctions)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instrue	ctio	on Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 6/9				
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Yes For Nort	hw	rest		00081476			
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)			
	05/11/2023		Teague Nall & Perkins		\$2,500.00			
		6	Corporation / Labor Organization address; City; State; Zip Code					
			Fort Worth, TX 76137					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

SCHEDULE F1

	Accounting/Banking Fees Office (Consulting Expense Food/Beverage Expense Polling Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing						ban Repayment/Reimbursement Solicitation/Fundraising Expense ffice Overhead/Rental Expense Transportation Equipment & Related Expense olling Expense Travel in District rinting Expense Travel Out of District alaries/Wages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers)	
1	Sch: 1/3 Rpt: 7/9	2	Yes For Noi						00081476		
4	Date	5	Davea nama								
•	05/01/2023	•	Payee name First Financial Bank								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$5.00		95 Trophy Club Drive								
			Trophy Club	, TX 76262							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b) Description				
			Accounting/				Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		-	·			Check if Austin	n, TX	, officeholder living) expense	
							Monthly Banl	k F	ee		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Dffice soug	ht		Office he	əld	
	Date		Payee name								
	06/01/2023		First Financ	ial Bank							
	Amount (ft)		Davias addra	Citr <i>u</i>	Ctoto	, Zin Cor	10				
	Amount (\$)		Payee addres		State	; Zip Coo	ie				
	\$5.00		95 Trophy C	lub Drive							
			Trophy Club	, TX 76262							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b)						(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Bank Fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Dffice soug	ht		Office he	eld	
-	Date		Davice name								
	05/08/2023		Payee name								
	05/08/2023		Foster Pare	ues, LLC							
	Amount (\$)		Payee addres	s; City;	State	; Zip Coo	le				
	\$7,500.00		3707 Shelby	/ Drive							
			Fort Worth,	TX 76109							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Consulting I	Expense					ide of Texas. Com		
	LAFENDIIURE		5				Check if Austin	n, TX	, officeholder living	j expense	
							Faith Based	Initi	iative		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Dffice soug	ht		Office he	eld	
⊢											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	oense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor	T T T	Fransportation E Fravel in District Fravel Out of Dis	raising Expense quipment & Related Expense strict category not listed above)		
1	Total pages Schedule F1:					-	2 -	iler ID	(Ethics Commission Filers)		
L I											
	Sch: 2/3 Rpt: 8/9	Yes F	or Northwest					00081476			
4	Date	5 Payee	name								
	05/08/2023	Murpl	Murphy NASICA								
6	Amount (\$)	7 Pavee	Payee address; City; State; Zip Code								
	\$4,122.16		PO Box 1648								
	+ .,======										
		Austir	n, TX 78767								
8	PURPOSE	(a) Categ	Dry (See Categories listed at the t	op of this sche	edule)	b) Description					
	OF EXPENDITURE		tising Expense			Check if travel	outside	e of Texas. Com	plete Schedule T.		
	LAFENDITORE							fficeholder living	expense		
						Election Day	Text	ing			
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								eld		
	Date	Payee	name								
	04/29/2023		er Mobile Billboards								
_		-		<u> </u>	7: 0						
	Amount (\$)		address; City;	State;	Zip Coo	le					
	\$2,500.00	1408	N Riverfront Blvd								
		Suite	276								
		Dallas	s, TX 75207								
	PURPOSE	(a) Cater	Dry (See Categories listed at the t			b) Description					
	OF		tising Expense	op of this sche	edule)		outside	of Texas. Com	plete Schedule T.		
	EXPENDITURE							fficeholder living			
		Mobile Billboard on May 1, 2023 and May 5, 2023 -							2023 and May 5, 2023 -		
						Deposit					
	Complete ONLY if direct	L Candida	ate/Officeholder name	0	ffice soug	ht		Office he	lq		
	expenditure to benefit C/Oł							01100110			
	Date	Payee									
	05/02/2023	Prem	er Mobile Billboards								
	Amount (\$)	Payee	address; City;	State;	Zip Coo	le					
	\$650.00	1408	N Riverfront Blvd								
		Suite	276								
		Dalla	s, TX 75207								
	PURPOSE OF		Ory (See Categories listed at the t	op of this sche	edule)	b) Description					
	EXPENDITURE	Advei	tising Expense						plete Schedule T.		
								fficeholder living			
						Deposit	aru u	11 iviay 1, 2	2023 and May 5, 2023 -		
						-					
	Complete ONLY if direct		ate/Officeholder name	0	ffice soug	ht		Office he	eld		
	expenditure to benefit C/OI	п									

POLITICAL EXPENDITURES FROM POLITICAL										
	CONTRIBUTIONS SCHEDULE F1									
EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense	Fees Office Ove Food/Beverage Expense Polling Exp									
Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Gift/Awards/Memorials Expense Printing Ex al Committee Legal Services Salaries/W The Instruction Guide explains how to con	ages/Contract Labor OTHER (enter a category not listed above)								
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
Sch: 3/3 Rpt: 9/9	Yes For Northwest	00081476								
4 Date 05/12/2023	5 Payee name Tom Thumb									
6 Amount (\$) \$317.85	 7 Payee address; City; State; Zip Con 101 Trophy Lake Drive 	de								
	Trophy Club, TX 76262									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reels contest expense. 3 winners of \$100 gift card 								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office soug H	ght Office held								