

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

<b>The SPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00087489	<b>2 Total pages filed:</b> 8
<b>3 COMMITTEE NAME</b> vote FOR cfb		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 07/12/2023	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1020 Raleigh Drive, #1709  Carrollton, TX 75007	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR                      FIRST                      MI Mr.                                      William	
		NICKNAME                      LAST                      SUFFIX Messer	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1415 Caroline Place  Carrollton, TX 75006	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1415 Caroline Place  Carrollton, TX 75006	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE                      PHONE NUMBER                      EXTENSION (972) 824-2133	
<b>9 REPORT TYPE</b>		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> July 15 <input 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	
<b>10 PERIOD COVERED</b>		Month    Day    Year                      THROUGH                      Month    Day    Year 04/27/2023                                                                06/30/2023	
<b>11 ELECTION</b>		ELECTION DATE                      ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 05/06/2023 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> vote FOR cfb		<b>13 Filer ID</b> (Ethics Commission Filers) 00087489				
<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b>				
	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>					
	<input checked="" type="checkbox"/> <b>Measure</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>BALLOT IDENTIFICATION / #</b> Prop A</td> <td style="width: 40%;"><b>ELECTION DATE</b> Month    Day    Year</td> </tr> <tr> <td colspan="2" style="text-align: right;">05/06/2023</td> </tr> </table>		<b>BALLOT IDENTIFICATION / #</b> Prop A	<b>ELECTION DATE</b> Month    Day    Year	05/06/2023
<b>BALLOT IDENTIFICATION / #</b> Prop A	<b>ELECTION DATE</b> Month    Day    Year					
05/06/2023						
		<b>DESCRIPTION</b> \$716.4 million referendum to generate funding for necessary facility upgrades.				
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b>		\$            \$0.00			
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>		\$            \$7,600.00			
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>		\$            \$0.00			
	<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$            \$9,740.44			
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$            \$5,815.82			
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$            \$0.00			

**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.

Mr. William Messer

\_\_\_\_\_  
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

<b>17 COMMITTEE NAME</b> vote FOR cfb	<b>18 Filer ID</b> (Ethics Commission Filers) 00087489
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19	SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 7,500.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,740.44
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/8
<b>2</b> FILER NAME vote FOR cfb		<b>3</b> Filer ID (Ethics Commission Filers) 00087489
<b>4</b> Date 05/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Derrick, Sally <hr/> <b>6</b> Contributor address; City; State; Zip Code  Farmers Branch, TX 75234	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 5/8
<b>2</b> FILER NAME vote FOR cfb		<b>3</b> Filer ID (Ethics Commission Filers) 00087489
<b>4</b> Date 05/15/2023	<b>5</b> Corporation / Labor Organization name CORE Construction	<b>7</b> Amount of contribution (\$) \$2,500.00
	<b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Frisco, TX 75033	
Date 04/27/2023	Corporation / Labor Organization name LPA, Inc.	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Irvine, CA 92617	

# 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/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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 6/8	<b>2</b> FILER NAME vote FOR cfb	<b>3</b> Filer ID (Ethics Commission Filers) 00087489
<b>4</b> Date 04/27/2023	<b>5</b> Payee name Carlin, Catherine	
<b>6</b> Amount (\$) \$1,387.50	<b>7</b> Payee address; City; State; Zip Code 1210 Derbyshire  Carrollton, TX 75007	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repayment of Loan
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2023	Payee name Carlin, Catherine	
Amount (\$) \$1,347.41	Payee address; City; State; Zip Code 1210 Derbyshire  Carrollton, TX 75007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan repayment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2023	Payee name Carlin, Catherine	
Amount (\$) \$332.55	Payee address; City; State; Zip Code 1210 Derbyshire  Carrollton, TX 75007	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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/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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 7/8	<b>2</b> FILER NAME vote FOR cfb	<b>3</b> Filer ID (Ethics Commission Filers) 00087489
<b>4</b> Date 04/28/2023	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code PO Box 16509  Fort Worth, TX 76162	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/17/2023	Payee name Lovell, Mary	
Amount (\$) \$4,299.60	Payee address; City; State; Zip Code 1307 Barrington Dr  Coppell, TX 75019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan repayment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/04/2023	Payee name Paypal	
Amount (\$) \$3.38	Payee address; City; State; Zip Code 2211 N 1st St  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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/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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 8/8	<b>2</b> FILER NAME vote FOR cfb	<b>3</b> Filer ID (Ethics Commission Filers) 00087489	
<b>4</b> Date 05/08/2023	<b>5</b> Payee name Trinity Public Affairs, LLC		
<b>6</b> Amount (\$) \$2,360.00	<b>7</b> Payee address; City; State; Zip Code PO Box 226163  Dallas, TX 75222		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text message campaign	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held