

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) 00081476	2 Total pages filed: 7
3 COMMITTEE NAME Yes For Northwest		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/12/2024	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1322 Roanoke, TX 76262		
	Receipt #		Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Michelle L.	
		NICKNAME	SUFFIX
		Lunday	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2810 Castlereach Street Trophy Club, TX 76262		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1322 Roanoke, TX 76262		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(972) 897-8383	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded modified reporting limit
	<input 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
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2023		12/31/2023
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
		<input type="checkbox"/> Other	
		05/06/2023	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Yes For Northwest		13 Filer ID (Ethics Commission Filers) 00081476	
14 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 <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year 05/06/2023
		DESCRIPTION NISD Proposition A	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED		
	\$	\$0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
	\$	\$0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	\$	\$30.00	
	4. TOTAL POLITICAL EXPENDITURES		
	\$	\$190.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
	\$	\$22,431.51	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
	\$	\$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.

 Mrs. Michelle L. Lunday
 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

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC
ADDENDUM

Page 3 of 7

12 COMMITTEE NAME Yes For Northwest	13 Filer ID (Ethics Commission Filers) 00081476
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14 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 (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME <hr/> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)						
	<input checked="" type="checkbox"/> MEASURE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 2px;">BALLOT IDENTIFICATION</td> <td style="padding: 2px;">ELECTION DATE</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">MONTH DAY YEAR</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">05/06/2023</td> </tr> </table>	BALLOT IDENTIFICATION	ELECTION DATE		MONTH DAY YEAR		05/06/2023
	BALLOT IDENTIFICATION	ELECTION DATE						
	MONTH DAY YEAR							
	05/06/2023							
DESCRIPTION NISD Proposition B								

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 (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME <hr/> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)						
	<input checked="" type="checkbox"/> MEASURE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 2px;">BALLOT IDENTIFICATION</td> <td style="padding: 2px;">ELECTION DATE</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">MONTH DAY YEAR</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">05/06/2023</td> </tr> </table>	BALLOT IDENTIFICATION	ELECTION DATE		MONTH DAY YEAR		05/06/2023
	BALLOT IDENTIFICATION	ELECTION DATE						
	MONTH DAY YEAR							
	05/06/2023							
DESCRIPTION NISD Proposition C								

SUBTOTALS - SPAC

17 COMMITTEE NAME Yes For Northwest	18 Filer ID (Ethics Commission Filers) 00081476
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19 SCHEDULE SUBTOTALS	NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	190.00
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
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	\$	

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 5/7

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#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

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)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/7
2 FILER NAME Yes For Northwest		3 Filer ID (Ethics Commission Filers) 00081476
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	2 FILER NAME Yes For Northwest	3 Filer ID (Ethics Commission Filers) 00081476
4 Date 07/20/2023	5 Payee name US Postal Service	
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 516 Byron Nelson Blvd Roanoke, TX 76262	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post Office Box Rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held