

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

3 COMMITTEE NAME
HONESTY? INTEGRITY FOR FARMERS BRANCH

4 COMMITTEE ADDRESS
 Change of Address
 ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE
*2909 BERGEN LN.
FARMERS BRANCH, TX 75234*

OFFICE USE ONLY

Date Received



RECEIVED

Date Hand-Delivered or Date Postmarked

Receipt # **JUN 02 2017**

Date Processed
CITY MANAGER'S OFFICE

Date Imaged

5 CAMPAIGN TREASURER NAME
 FIRST LAST SUFFIX
STEVEN MORRISON

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
 STREET ADDRESS (NO PO BOX PLEASE) APT SUITE # CITY STATE ZIP CODE
*2909 BERGEN LN.
FARMERS BRANCH, TX 75234*

7 CAMPAIGN TREASURER MAILING ADDRESS
 STREET ADDRESS OR PO BOX APT SUITE # CITY STATE ZIP CODE
 Change of Address

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(817) 228-7895

9 REPORT TYPE

January 15
 July 15
 30th day before election
 8th day before election
 Runoff
 Exceeded \$500 limit
 Dissolution (Attach PAC-BR)
 10th day after campaign treasurer termination

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 THROUGH *5 31 17*

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year
6 10 17
 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

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
 HAROLD FROELICH

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
 MAYOR

BALLOT IDENTIFICATION # _____ **ELECTION DATE**
 (Month Day Year)

DESCRIPTION

15 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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)	\$ 1,900.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 3,260.59
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 62.56
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 AFFIDAVIT

AF-FIX NOTARY STAMP, SEAL ABOVE

Sworn to and subscribed before me, by the said Steven Morrison this the 2 day of June, 2017 to certify which, witness my hand and seal of office.

LaJeanne M. Thomas
 Signature of officer administering oath

LaJeanne M. Thomas
 Printed name of officer administering oath

Exec. Asst.
 Title of officer administering oath

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.

Steven Morrison
 Signature of Campaign Treasurer



SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME <i>HONESTY & INTEGRITY FOR FARMERS BRANCH</i>	18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,900. ⁰⁰
2 <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3 <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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 CORPORATON OR LABOR ORGANIZATION	\$
7 <input type="checkbox"/> SCHEDULE E: LOANS	\$
8 <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,837.44
9 <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1423.15
10 <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11 <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12 <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13 <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14 <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

HONESTY & INTEGRITY FOR FARMERS BRANCH

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC ID#

7 Amount of contribution (\$) :

MICHAEL BEATY

6 Contributor address:

City: State: Zip Code

\$1,900.⁰⁰

4516 LOVERS LANE DALLAS, TX 75225

8 Principal occupation Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC ID#

Amount of contribution (\$) :

Contributor address:

City: State: Zip Code

Principal occupation Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC ID#

Amount of contribution (\$) :

Contributor address:

City: State: Zip Code

Principal occupation Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC ID#

Amount of contribution (\$) :

Contributor address:

City: State: Zip Code

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.

POLITICAL EXPENDITURES MADE 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: **1** 2 FILER NAME: **HONESTY? INTEGRITY FOR FARMERS BRANCH** 3 Filer ID (Ethics Commission Filers)

4 Date: **5/25/17** 5 Payee name: **MURPHY NASICA**

6 Amount (\$): **1,837.44** 7 Payee address: **815-A BRAZOS ST. AUSTIN, TX 78701**

8 (a) Category (See Categories listed at the top of this schedule): **PURPOSE OF EXPENDITURE 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: **HAROLD FROELICH** Office sought: **MAYOR** 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

Honesty & Integrity for Farmers Bank

4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS \$

5 Date 6 Payee name
5/30/17 Murphy Nascia

7 Amount (\$) 8 Payee address: City: State: Zip Code
1,423.15 815 A Brazos St Austin TX 78721

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising Expense 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
Harold Froehlich Mayor

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