

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>5/5</b>
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3 COMMITTEE NAME <b>Concerned Citizens For Choice in Education</b>	OFFICE USE ONLY
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4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 2603 Forney TX 75126</b>	Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr. Timothy S</b> NICKNAME LAST SUFFIX <b>Tim Ervin</b>	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>14044 Clearview Ct. Forney TX 75126</b>
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(214) 478-8091</b>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year <b>05 / 02 / 09</b> THROUGH <b>05 / 26 / 09</b>	Month Day Year (blank)
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11 ELECTION	ELECTION DATE Month Day Year <b>05 / 09 / 09</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Concerned Forney Citizens for Choice in Education	<b>ACCOUNT #</b> (Ethics Commission filers)
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<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>   <input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>   <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>   <b>BALLOT IDENTIFICATION / #</b> <table style="float:right; margin-left: 20px;"> <tr> <td colspan="3"><b>ELECTION DATE</b></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td>05 / 09 / 09</td> </tr> </table>	<b>ELECTION DATE</b>			Month	Day	Year			05 / 09 / 09
	<b>ELECTION DATE</b>										
	Month	Day	Year								
		05 / 09 / 09									
<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>DESCRIPTION</b> TRCC Annexation of Forney										

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3971. <sup>60</sup> -
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3971. <sup>60</sup> -
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**15 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.

*Timothy Erwin*  
 \_\_\_\_\_  
 Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy Erwin, this the 26<sup>th</sup> day of May, 2009, to certify which, witness my hand and seal of office.

*Kristy K. Parker*      Kristy K. Parker      Notary of TX  
 \_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Concerned Forney Citizens for Choice in Education</u>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gary Thurman</u>	7 Amount of contribution (\$) <u>2155.<sup>60</sup></u>	8 In-kind contribution description (if applicable)	
8 Contributor address; City; State; Zip Code <u>13099 Clearview Dr Forney 75126</u>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <u>Owner</u>			10 Employer (See Instructions) <u>Mesquite Heating &amp; Air</u>	
Date <u>5/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Glenn R. Whaley</u>	Amount of contribution (\$) <u>500.<sup>00</sup></u>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <u>103 FM 740 Forney, 75126</u>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <u>Self Employed</u>			Employer (See Instructions)	
Date <u>5/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tommy Parker</u>	Amount of contribution (\$) <u>1316.<sup>00</sup></u>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <u>13088 Clearview Dr. Forney TX 75126</u>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <u>Owner</u>			Employer (See Instructions) <u>Image Salon</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME *Concerned Forney Citizens for Choice in Education* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/10/09</i>	5 Payee name <i>Just Print It</i>	7 Amount (\$) <i>\$ 2155<sup>00</sup></i>
6 Payee address; City; State; Zip Code <i>12020 Legacy Lane Forney, TX 75126</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Balance of Brochure Pmt.</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>5/10/09</i>	Payee name <i>Forney Post</i>	Amount (\$) <i>145<sup>00</sup></i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Web Site Advertising</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>5/19</i>	Payee name <i>Forney Messenger</i>	Amount (\$) <i>1671.<sup>00</sup></i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Newspaper Advertising</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

Concerned Citizens for Choice in Education

2 ACCOUNT #

(Ethics Commission file #)

FILED FOR RECORD  
AUFMAN CO. TEXAS  
MAY 27 P 1:22  
ANITA A. HUGHES  
IDENTITY CLERK

3

## Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

*Timothy E. Fuwin*  
\_\_\_\_\_  
Signature of campaign treasurer

**DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED**



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy Fuwin, this the May day  
of 26<sup>th</sup>, 2009, to certify which, witness my hand and seal of office.

*Dwight Parker*  
\_\_\_\_\_  
Signature of officer administering oath

*Kristy K Parker*  
\_\_\_\_\_  
Printed name of officer administering oath

*Notary of TX*  
\_\_\_\_\_  
Title of officer administering oath