

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: 4 ac
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3 COMMITTEE NAME Concerned Forney Citizens For Choice In Education	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 P.O. Box 2603 Forney, TX 75126	Date Received Date Hand-delivered Date Re-marked Receipt # Date Processed Date Imaged
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Timothy S NICKNAME LAST SUFFIX Tim Ervin	ILLUMINATED FOR RECORD KUFMAN TEXAS MAY 11 3:54
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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 14044 Clearview Ct. Forney, TX 75126
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input checked="" 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 (214) 478-8091
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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 checked="" 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
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10 PERIOD COVERED	Month Day Year Month Day Year 04 / 22 / 09 THROUGH 05 / 01 / 09
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11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <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**

12 COMMITTEE NAME Concerned Forney Citizens For Choice In Education	ACCOUNT # (Ethics Commission filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # <table style="width:100%"> <tr> <td style="text-align:center">ELECTION DATE</td> </tr> <tr> <td style="text-align:center">Month Day Year</td> </tr> <tr> <td style="text-align:center">05 / 09 / 09</td> </tr> </table> DESCRIPTION TRCC Annexation of Forney	ELECTION DATE	Month Day Year	05 / 09 / 09
ELECTION DATE					
Month Day Year					
05 / 09 / 09					

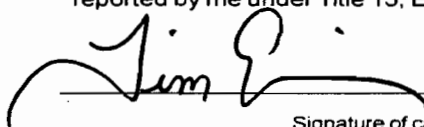
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4009. ²³
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4009. ²³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

15 AFFIDAVIT



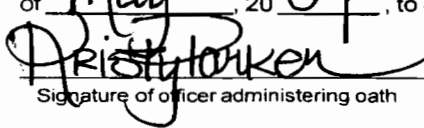
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of campaign treasurer

Sworn to and subscribed before me, by the said Tim Krwin, this the 11th day of May, 2009, to certify which, witness my hand and seal of office.

 KRISTY PARKER
 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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe E. McSpadden</u>	7 Amount of contribution (\$) <u>2509.²³</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 2607 Forney, TX 75126</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Corp. Officer</u>		10 Employer (See Instructions) <u>Texas Automation Products, Inc.</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Timothy Ervin</u>	Amount of contribution (\$) <u>1500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>14044 Clearview Ct. Forney, TX 75126</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Dallas County Deputy Sheriff</u>		Employer (See Instructions) <u>Dallas County</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)	
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	5 Payee name <u>Fast Signs</u>	7 Amount (\$)
	6 Payee address; City; State; Zip Code <u>1300 N Town East #102 Mesquite, TX 75149</u>	<u>2504.23</u>

8 Purpose of payment (See instructions regarding type of information required.) <u>Campaign Yard Signs & Signage</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>5/1/09</u>	Payee name <u>Just Print It</u>	Amount (\$)
	Payee address; City; State; Zip Code <u>12020 Legacy Lane Forney, TX 75126</u>	<u>1500⁰⁰</u>

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