

# 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 ACCOUNT #</b><br>(Ethics Commission filers)   | <b>2 Total pages filed:</b><br><br>4 |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>3 COMMITTEE NAME</b><br><br>Crandall Committee for Economic Growth                           |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>OFFICE USE ONLY</b></td> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">OCT 17 AM 10:57</td> </tr> <tr> <td style="width:50%;">Date Hand-delivered or Date Postmarked</td> <td style="width:50%;"></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table> |                                      | <b>OFFICE USE ONLY</b>              |  | Date Received                                 | OCT 17 AM 10:57   | Date Hand-delivered or Date Postmarked           |  | Receipt # | Amount                          | Date Processed   |        | Date Imaged |   |           |        |                |  |             |  |
| <b>OFFICE USE ONLY</b>  |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Date Received   | OCT 17 AM 10:57  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Date Hand-delivered or Date Postmarked  |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Receipt #   | Amount   |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Date Processed  |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Date Imaged   |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>4 COMMITTEE ADDRESS</b><br><br><input type="checkbox"/> Change of Address                    | <table style="width:100%;"> <tr> <td>ADDRESS / PO BOX:</td> <td>APT / SUITE #:</td> <td>CITY:</td> <td>STATE:</td> <td>ZIP CODE:</td> </tr> <tr> <td colspan="5">101 N. FM 148<br/>Crandall, TX 75114</td> </tr> </table>  |  |                                      | ADDRESS / PO BOX:                   | APT / SUITE #:   | CITY:   | STATE:  | ZIP CODE:  | 101 N. FM 148<br>Crandall, TX 75114                  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| ADDRESS / PO BOX:   | APT / SUITE #:   | CITY:  | STATE:                               | ZIP CODE:                           |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| 101 N. FM 148<br>Crandall, TX 75114   |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>5 CAMPAIGN TREASURER NAME</b>  | <table style="width:100%;"> <tr> <td>MR / MRS / MR</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Mr.</td> <td>Zouheir</td> <td>A.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Zak</td> <td>Kassem</td> <td></td> </tr> </table>  |  | MR / MRS / MR                        | FIRST                               | MI   | Mr.   | Zouheir   | A.   | NICKNAME   | LAST      | SUFFIX                          | Zak  | Kassem |             | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table> | Receipt # | Amount | Date Processed |  | Date Imaged |  |
| MR / MRS / MR   | FIRST  | MI   |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Mr.   | Zouheir  | A.   |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| NICKNAME  | LAST   | SUFFIX   |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Zak   | Kassem   |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Receipt #   | Amount   |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Date Processed  |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Date Imaged   |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b><br>(Residence or business)                         | <table style="width:100%;"> <tr> <td>STREET ADDRESS (NO PO BOX PLEASE):</td> <td>APT / SUITE #:</td> <td>CITY:</td> <td>STATE:</td> <td>ZIP CODE:</td> </tr> <tr> <td colspan="5">same as above</td> </tr> </table>  |  |                                      | STREET ADDRESS (NO PO BOX PLEASE):  | APT / SUITE #:   | CITY:   | STATE:  | ZIP CODE:  | same as above  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| STREET ADDRESS (NO PO BOX PLEASE):  | APT / SUITE #:   | CITY:  | STATE:                               | ZIP CODE:                           |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| same as above   |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | <table style="width:100%;"> <tr> <td>STREET OR PO BOX:</td> <td>APT / SUITE #:</td> <td>CITY:</td> <td>STATE:</td> <td>ZIP CODE:</td> </tr> <tr> <td colspan="5">same as above</td> </tr> </table>   |  |                                      | STREET OR PO BOX:                   | APT / SUITE #:   | CITY:   | STATE:  | ZIP CODE:  | same as above  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| STREET OR PO BOX:   | APT / SUITE #:   | CITY:  | STATE:                               | ZIP CODE:                           |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| same as above   |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | <table style="width:100%;"> <tr> <td>AREA CODE</td> <td>PHONE NUMBER</td> <td>EXTENSION</td> </tr> <tr> <td>( 214 )</td> <td>632-2777</td> <td></td> </tr> </table>  |  |                                      | AREA CODE                           | PHONE NUMBER   | EXTENSION                                     | ( 214 )   | 632-2777   |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| AREA CODE   | PHONE NUMBER   | EXTENSION  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| ( 214 )   | 632-2777   |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>9 REPORT TYPE</b>  | <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (atacrn PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table> |  |                                      | <input type="checkbox"/> January 15 | <input checked="" 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 type="checkbox"/> Dissolution (atacrn PAC-DR) |           | <input type="checkbox"/> Runoff | <input type="checkbox"/> 10th day after campaign treasurer termination |        |             |   |           |        |                |  |             |  |
| <input type="checkbox"/> January 15   | <input checked="" 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 type="checkbox"/> Dissolution (atacrn PAC-DR)   |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
|   | <input type="checkbox"/> Runoff  | <input type="checkbox"/> 10th day after campaign treasurer termination   |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>10 PERIOD COVERED</b>  | <table style="width:100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>THROUGH</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>2</td> <td>10</td> <td>11</td> <td></td> <td>4</td> <td>11</td> <td>11</td> </tr> </table>  |  |                                      | Month                               | Day  | Year  | THROUGH   | Month  | Day  | Year      | 2                               | 10   | 11     |             | 4   | 11        | 11     |                |  |             |  |
| Month   | Day  | Year   | THROUGH                              | Month                               | Day  | Year  |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| 2   | 10   | 11   |                                      | 4                                   | 11   | 11  |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| <b>11 ELECTION</b>  | <table style="width:100%;"> <tr> <td>ELECTION DATE</td> <td>ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special</td> </tr> <tr> <td>5 / 14 / 11</td> <td></td> </tr> </table>  |  |                                      | ELECTION DATE                       | ELECTION TYPE  | Month Day Year                                | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special | 5 / 14 / 11                                      |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| ELECTION DATE   | ELECTION TYPE  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| Month Day Year  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |
| 5 / 14 / 11   |  |  |                                      |                                     |  |   |   |  |  |           |                                 |  |        |             |   |           |        |                |  |             |  |

FILED FOR RECORD

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE  
NAME

Crandall Committee for Economic Growth

ACCOUNT #  
(Ethics Commission filers)

13 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

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year  
5 / 14 / 11

DESCRIPTION

local option

14 CONTRIBUTION  
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)

\$ 31,000

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 31,000

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

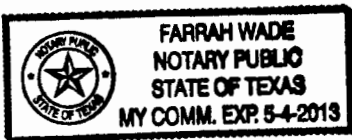
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

### 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 ZOUHEIR KASEEM, this the 14th day of APRIL, 2011, to certify which, witness my hand and seal of office.

Signature of officer administering oath

FARRAH WADE  
Printed name of officer administering oath

MANAGER  
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 this Schedule A: 1

2 FILER NAME  
Crandall Committee for Economic Growth

3 ACCOUNT # (Ethics Commission filers)

4 Date: 3/11/11  
5 Full name of contributor: Tri GAZ  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address: City: State: Zip Code  
105 S. IH 45  
Wilmer, TX 75172

7 Amount of contribution (\$): 3,500

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 3/11/11  
Full name of contributor: Tri GAZ  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address: City: State: Zip Code  
105 S. IH 45  
Wilmer, TX 75172

Amount of contribution (\$): 11,250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 2/10/11  
Full name of contributor: Tri GAZ  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address: City: State: Zip Code  
105 S. IH 45  
wilmer, TX 75172

Amount of contribution (\$): 16,250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: \_\_\_\_\_  
Full name of contributor: \_\_\_\_\_  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address: City: State: Zip Code

Amount of contribution (\$): \_\_\_\_\_

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: \_\_\_\_\_  
Full name of contributor: \_\_\_\_\_  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address: City: State: Zip Code

Amount of contribution (\$): \_\_\_\_\_

In-kind contribution description (if applicable)

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  
Crandall Committee for Economic Growth

3 ACCOUNT # (Ethics Commission filers)

|         |   |               |
|---------|---|---------------|
| 4 Date  | 5 Payee name<br>Texas Petition Strategies                                     | 7 Amount (\$) |
| 2/10/11 | 6 Payee address; City; State; Zip Code<br>1201 W Abram<br>Arlington, TX 76013 | 16,250        |

|   |  |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Petition Drive | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

|         |  |             |
|---------|--|-------------|
| Date    | Payee name<br>Texas Petition Strategies                                      | Amount (\$) |
| 3/11/11 | Payee address; City; State; Zip Code<br>1201 W. Abram<br>Arlington, TX 76013 | 14,750      |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br>petition/election | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|--|--|

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

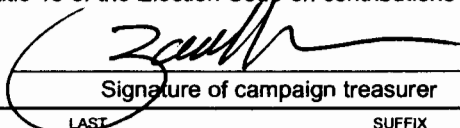
|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

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

# APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA  
PG 1

|  |  |  |                    |
|--|--|--|--------------------|
| See STA INSTRUCTION GUIDE for detailed instructions. |  | 1  | Total pages filed: |
| 2  | COMMITTEE NAME<br>Crandall Committee for Economic Growth   | OFFICE USE ONLY<br>ACCT. #<br>DATE RECEIVED<br>AURA A. HUGHES<br>COUNTY CLERK<br>DEPUTY<br>OCT 17 AM 10:57<br>RECORDED |                    |
| 3  | COMMITTEE ADDRESS<br>101 N. FM 148<br>CRANDALL, TX 75114   | Date Received  |                    |
| 4  | CAMPAIGN TREASURER NAME<br>MS / MRS (MR) FIRST MI<br>ZAK KASSEM A.<br>NICKNAME LAST SUFFIX<br>ZAK KASSEM   | Receipt #  |                    |
| 5  | CAMPAIGN TREASURER STREET ADDRESS (Residence or business)<br>Same as above   | HD/PM  | Amount             |
| 6  | MAILING ADDRESS<br><input checked="" type="checkbox"/> same as above   | Date Processed   |                    |
| 7  | CAMPAIGN TREASURER PHONE<br>(214) 632-2777   | Date Processed   |                    |
| 8  | PERSON APPOINTING TREASURER<br>self  |  |                    |
| 9  | SIGNATURE<br>I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.<br><br>Signature of campaign treasurer |  |                    |
| 10   | ASSISTANT CAMPAIGN TREASURER (see instructions)<br>n/a   |  |                    |
| 11   | ASSISTANT CAMPAIGN TREASURER ADDRESS   |  |                    |
| 12   | ASSISTANT CAMPAIGN TREASURER PHONE<br>( )  |  |                    |

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA  
PG 2

**13** COMMITTEE NAME

Crandall Committee for Economic Growth

**14** COMMITTEE PURPOSE

OFFICE USE ONLY

 SUPPORT CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

 OPPOSE CANDIDATE

 ASSIST OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

 SUPPORT MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

 ELECTION DATE  
 Month / Day / Year

 OPPOSE MEASURE

DESCRIPTION

local option petition/election

**15**

 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING  
MODIFIED REPORTING.**
**\*\*This declaration must be filed no later than the 30th day  
before the first election to which the declaration applies. \*\***
**\*\*The modified reporting declaration is valid for one election cycle only. \*\***  
 (An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

 \_\_\_\_\_  
 Year of election(s) or election cycle to  
which declaration applies

 \_\_\_\_\_  
 Signature of campaign treasurer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
**This appointment is effective on the date it is filed with the appropriate filing authority.**