

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: <div style="font-size: 2em; text-align: center;">4/4</div>
3 COMMITTEE NAME Keep our Tax Dollars in Forney		<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: NOV - 1 AM 11:12 LAURA A. HUGHES COUNTY CLERK DEPUTY FILED FOR RECORD CAMPAIGN FINANCE TEXAS </div>	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 1026 Eagle Nest Ave. Forney, TX 75126		Date Received: _____ Date Hand Delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LAST SUFFIX David N Conner Jr.		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 1026 Eagle Nest Ave. Forney, TX 75126
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET OR PO BOX: APT / SUITE # CITY STATE ZIP CODE same as above		AREA CODE PHONE NUMBER EXTENSION (214) 868-0797
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	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		PERIOD COVERED Month Day Year THROUGH Month Day Year 10 / 8 / 11 THROUGH 10 / 28 / 11
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE
NAME

ACCOUNT #
(Ethics Commission filers)

Keep our Tax Dollars in Forney

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year
11 / 8 / 11

ASSIST
(Officeholder)

MEASURE

DESCRIPTION

local option alcohol petition/election

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

EXPENDITURE
TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,000

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

4. TOTAL POLITICAL EXPENDITURES

\$ 10,000

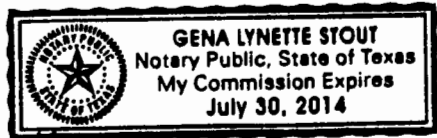
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

\$

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

\$

15 AFFIDAVIT



Gena L Stout

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.

[Handwritten Signature]
Signature of campaign treasurer

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

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 Keep our Tax Dollars in Forney		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/24/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WalMart 6 Contributor address; City; State; Zip Code 702 SW 8th Street Bentonville, Arkansas	7 Amount of contribution (\$) 5,000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) QuikTrip Contributor address; City; State; Zip Code PO Box 3475 Tulsa, OK	Amount of contribution (\$) 5,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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
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2 FILER NAME Keep our Tax Dollars In Forney	3 ACCOUNT # (Ethics Commission filers)
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4 Date 10/24/11	5 Payee name Texas Petition Strategies 6 Payee address; City; State; Zip Code 1201 W. Abram Arlington, TX 76013	7 Amount (\$) 10,000
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8 Purpose of payment (See instructions regarding type of information required.) Election	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	.. 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