#### SPECIFIC-PURPOSE COMMITTEE FORM SPAC **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed 1 Filer ID (Ethics Commission Filers) The SPAC Instruction Guide explains how to complete this form. 3 COMMITTEE NAME OFFICE USE ONLY Denton County TRIP \*22 Date Received HAND-DELIVER 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS 7508ATE 1071-22 TIME 1:378, INITIALS W Hickory Creek TX Change of Address Date Hand-delivered or Date Postmarked MS / MRS / MR FIRST CAMPAIGN Amount \$ Receipt # TREASURER Lynn NAME Date Processed NICKNAME LAST SUFFIX Clark Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE 6 CAMPAIGN CITY: STATE: TREASURER Hickory Creek TX 75056 STREETADDRESS (Residence or Business) STREET ADDRESS OR PO BOX: APT / SUITE #: CITY: ZIP CODE STATE: CAMPAIGN TREASURER MAILING ADDRESS Same Change of Address 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 9 REPORT TYPE X 30th day before election Exceeded Modified Reporting Limit January 15 Dissolution Report (Attached PAC-FR) 8th day before election July 15 10th day after campaign treasurer termination 10 PERIOD Year Month Day Day Year Month COVERED 9 29 22 22 8 11 ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Other Month Day Primary 08 / 2022 X General Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Denton County TRIP	13 Filer ID (Ethics Commission Filers)					
14 COMMITTEE CANDIDATE/OFFICEHOLDER NAME						
PURPOSE (Attach lists on plain paper to		CANDIDATE	ON DIENT OF THE POLITICAL CONTRACT			
complete this report if necessary.)		_	OFFICE SOUGHT (candidate) / OFFICE HELD (office	eholder)		
X SUPPORT		OFFICEHOLDER				
(Candidate or Measur	e)	X MEASURE	Proposition A 11 08 2022			
OPPOSE						
(Candidate or Measur	(9)		DESCRIPTION	/		
ASSIST (Officeholder)			Transportation road improvements in Denton County			
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$		
	2.	TOTAL POLITICAL (OTHER THAN PLEDS	\$ 59,000			
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$		
TOTALS	4.	TOTAL POLITICAL E	\$ 26,405.50			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 32,954.50					
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
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 (Deciarant)						
Please complete either option below:						
A TICLANT SHLEY LACOLE VINSON						
Notary ID 129325416						
Sworn to and subscrit	ed be	fore ma, by the said	unn C. Clark	, this the 11+h		
day of OCTOCK , 20 22 , to certify which, witness my hand and seal of office.						
JENDIUS WINGUL ASHALL WINSON MATON STATE OF TAKES						
Signature of officer administering oath Printed name of officer administering oath Title of			Title of officer administering oath			
OR						
(2) Unsworn Declaration						
My name is, and my date of birth is						
My address is(street)(city)(state)(zzj code*(country)						
Executed in		(	, on the day of(mon	. 20		
			Signature of Can	mpaign Treasurer (Declarant)		

## SUBTOTALS - SPAC

### FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Denton County TRIP '22					
19	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	ON \$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	OR \$			
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$			
7.	SCHEDULE E: LOANS	\$			
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 26,405.50			
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	эн \$			
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s			
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this t	1				
2 FILER NAME	Denton County TRIP '22		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC ( Westwood Professional Services	ID#:)	7 Amount of contribution (\$)			
8-31-22	6 Contributor address; City; Minnetonka	State; Zip Code MN 55343	\$2,500			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (	D#:	Amount of contribution (\$)			
9-13-22	Contributor address: City; Farmers Branch	State; Zip Code TX 75234	\$12,500			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor  ul-of-state PAC (	D#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	D#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.					1 Total pages Schedule A1: 3		
2	2 FILER NAME Denton County TRIP '22					3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor				7 Amount of contribution (\$)	
	9-2-22	6 Contributor address;	City;	State;	Zlp Code	\$1,500	
L			Dallas	TX	75240		
8	Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)	
	Date	Full name of contributor	Out-of-state PAC	(ID#:		Amount of contribution (\$)	
		Kimley-Hom					
	9-2-22					\$2,800	
	3-2-22	Contributor address;	City;	State;	Zip Code		
			Raleigh	NC	27601		
Principal occupation / Job title (See Instructions) Employer (See Instru				oyer (See Instruc	tions)		
Г	Date	Full name of contributor	Out-of-state PAC	(ID#:		Amount of contribution (\$)	
		Alliance Geotechnical Group					
	8-31-22				\$1,000		
		Contributor address:	City;	State;	Zip Code	.,	
			Dallas	TX	75247		
$\vdash$	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)	
F	Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)	
		Rosa Navejar					
8-31-22						\$2,500	
		Contributor address;	City;	State;	Zip Code		
			Fort Worth	TX	76107		
Principal occupation / Job title (See Instructions)			Empl	oyer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to	1 Total pages Schedule A <sup>-</sup> 3					
2 FILER NAME Denton Cou	unty TRIP '22	3 Filer ID (Ethics Commission Filers)					
4 Date 9-1-22	5 Full name of contributor Quiddity Engineering 6 Contributor address;	City;	State; Zip Code TX 77401	7 Amount of contribution (\$) \$3,500			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date 9-2-22	Full name of contributor CP&Y	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
,	Contributor address;	City; Dallas	State; Zip Code TX 75235	\$12,500			
Principal occup	etion / Job title (See Instructions)		Employer (See Instruc	tions)			
Date	Full name of contributor TNP	Out-of-state PAC	(ID#:)	Amount of contribution (\$)			
9-13-22  Contributor address;  City;  State;  Zip Code  Fort Worth, TX 76137				\$12,500			
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)			
Date	Full name of contributor	Out-of-state PAC	(ID#:)	Amount of contribution (\$)			
9-2-22	Contributor address;	City; Houston	State; Zip Code TX 77042	\$8,200			
Principal occupation / Job title (See Instructions)			Employer (See Instruc	tions)			
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

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Berising
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Partie Carl Pagencyl

Event Expense Fees Food/Beverage Expense Gfft/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel on District
Other (exters a category not lieted shows)

Credit Card Payment  The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Denton County TRIP '22	3 Filer ID (Ethics Commission Filers)			
4 Date 9-21-22	5 Payee name Murphy Nassica				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$26,405.50	PO Box 1648	Austin	TX 78767		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising, Consulting & Printing	Campaign literature, 4x8 signs, website design and data collection			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living				
9 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		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		n, 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 Austi	n, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					