

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME HONESTY & INTEGRITY FOR FARMERS BRANCH		OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold; text-align: center;">RECEIVED</div> <div style="color: red; font-weight: bold; text-align: center;">JUN 15 2017</div> Date Processed Date Imaged Receipt # Amount \$	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE 2909 BERGEN FARMERS BRANCH, TX 75234		
5 CAMPAIGN TREASURER NAME	MS MRS MR FIRST MI STEVEN NICKNAME LAST SUFFIX MORRISON		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT SUITE # CITY STATE ZIP CODE 2909 BERGEN FARMERS BRANCH, TX 75234		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX APT SUITE # CITY STATE ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 228-7895		
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 type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 6 1 17 THROUGH 6 10 17		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE 6 10 17 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME HONESTY & INTEGRITY FOR FARMERS BRANCH 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE <small>(Attach lists on plain paper to complete this report if necessary)</small>	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>HAROLD FROELICH</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>MAYOR</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION: # _____ ELECTION DATE Month Day Year DESCRIPTION
<input type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small>		
<input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small>		
<input type="checkbox"/> ASSIST <small>(Officeholder)</small>		

15 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)	\$ <u>4,000.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,062.56</u> <u>3,998.14</u> <i>SM</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1.86</u> <i>SM</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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.

LAFEANA MARIE THOMAS
Notary Public, State of Texas
My Commission Expires
December 19, 2019

Steven Morrison
Signature of Campaign Treasurer

AFFIX NOTARY STAMP/ SEAL ABOVE

Sworn to and subscribed before me, by the said Steven Morrison, this the 15 day of June, 2017, to certify which, witness my hand and seal of office.

Lajeana M. Thomas Lajeana M. Thomas Exec. Asst.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
HONESTY & INTEGRITY FOR FARMERS BRANCH		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,000. ⁰³
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,062.56 3,998.14
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>HONESTY & INTEGRITY FOR FARMERS BRANCH</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5/30/17</i>		5 Payee name <i>MURPHY NASICA</i>			
6 Amount (\$) <i>1,423.15</i>		7 Payee address: City: State: Zip Code <i>815 A. BRAZOS ST. AUSTIN, TX 78701</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>HAROLD FROELICH</i>		Office sought <i>MAYOR</i>	
Date <i>6/1/17</i>		Payee name <i>MURPHY NASICA</i>			
Amount (\$) <i>237.55</i>		Payee address: City: State: Zip Code <i>815 A. BRAZOS ST. AUSTIN, TX 78701</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>HAROLD FROELICH</i>		Office sought <i>MAYOR</i>	
Date <i>6/2/17</i>		Payee name <i>MURPHY NASICA</i>			
Amount (\$) <i>1,837.44</i>		Payee address: City: State: Zip Code <i>815 A. BRAZOS ST. AUSTIN, TX 78701</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>HAROLD FROELICH</i>		Office sought <i>MAYOR</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>HONESTY & INTEGRITY FOR FARMERS BRANCH</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/7/17</i>	5 Payee name <i>MURPHY NASICA</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address: City: State: Zip Code <i>815 A BRAZOS ST. AUSTIN, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>HAROLD FROELICH</i> Office sought: <i>MAYOR</i> Office held:	
Date <i>6/15/17</i>	Payee name <i>METROCREST SERVICES</i>	
Amount (\$) <i>64.42</i>	Payee address: City: State: Zip Code <i>13801 HULTON DR. #150 FARMERS BRANCH, TX 75234</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>GIFT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: _____

2 FILER NAME

HONESTY & INTEGRITY FOR FARMERS BRANCH

3 Filer ID (Ethics Commission Filers)

4 Date

6/7/17

5 Full name of contributor

out-of-state PAC (ID# _____)

HAROLD FROELICH CAMPAIGN

7 Amount of contribution (\$)

\$4,000.00

6 Contributor address:

City: State: Zip Code

13831 BRAEMAR FARMERS BRANCH 75234

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**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

2 Filer ID (Ethics Commission Filers)

HONESTY & INTEGRITY FOR FARMERS BRANCH

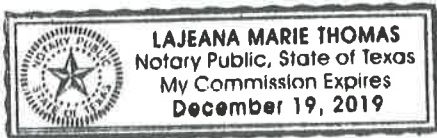
3 **Affidavit of Dissolution**

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.

St Morrison

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 Steven Morrison, this the 15 day of June, 20 17, to certify which, witness my hand and seal of office.

Lajeana M. Thomas Lajeana M. Thomas Exec. Asst

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath