

# 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</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:						
<b>3</b> COMMITTEE NAME		<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">AUG 05 2019</div> <div style="color: blue; font-weight: bold;">CITY SECRETARY'S OFFICE</div> <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
Don't Tax Me F.B. Org.									
<b>4</b> COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3808 WOODDED CREEK DR. FARMERS BRANCH TX 75244 <input type="checkbox"/> Change of Address								
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI (Circled) William P NICKNAME LAST SUFFIX Glancy								
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3808 WOODDED CREEK DR. FARMERS BRANCH TX 75244								
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE (Blank)								
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 536 . 4364								
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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								
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 4 / 26 / 2019           7 / 15 / 2019								
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 4 / 2019 <input checked="" 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** DON'T TAX ME F.B. ORG **13 Filer ID (Ethics Commission Filers)**

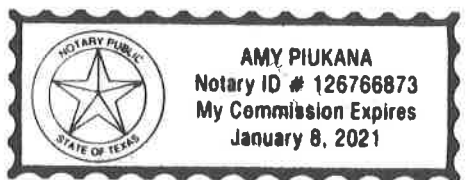
<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	<b>CANDIDATE / OFFICEHOLDER NAME</b>					
	<input type="checkbox"/> OFFICEHOLDER	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>					
	<input checked="" type="checkbox"/> MEASURE	<table border="0"> <tr> <td><b>BALLOT IDENTIFICATION / #</b></td> <td><b>ELECTION DATE</b></td> </tr> <tr> <td><u>PROPOSITION A</u></td> <td>Month <u>5</u> Day <u>4</u> Year <u>2019</u></td> </tr> <tr> <td colspan="2"><b>DESCRIPTION</b></td> </tr> </table>	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>	<u>PROPOSITION A</u>	Month <u>5</u> Day <u>4</u> Year <u>2019</u>	<b>DESCRIPTION</b>
<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>						
<u>PROPOSITION A</u>	Month <u>5</u> Day <u>4</u> Year <u>2019</u>						
<b>DESCRIPTION</b>							

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>123<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2098<sup>00</sup></u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2017<sup>00</sup></u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>81<sup>00</sup></u>
<b>OUTSTANDING LOAN TOTALS</b>	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.

[Signature]  
Signature of Campaign Treasurer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Glancy, this the 5 day of August, 2019, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Amy Piukana Printed name of officer administering oath  
City Secretary Title of officer administering oath

# SUBTOTALS - SPAC

# FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2098 <sup>00</sup>
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		\$ 2017
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		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>DON'T TAX ME F.B. ORG.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William P. Gloney</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>3808 WOODED CREEK F.B. TX 75244</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4/25/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERNEST Tillian</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>13570 CRESTMOOR FB TX 75234</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/24/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Eamiston</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>14215 Tanglewood Dr FB TX 75234</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/25/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEVEN MORRISON</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>2909 BERGEN LN, F.B. TX 75234</i>		
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *DONT TAX ME F.B. ORG* 3 Filer ID (Ethics Commission Filers)

4 Date <i>5/8/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK YOUNG</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>13901 MOWMY RD STE 102 DALLAS TX 75244</i>		

8 Principal occupation / Job title (See Instructions) *RETIRED* 9 Employer (See Instructions)

Date <i>6/3/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Glancy</i>	Amount of contribution (\$) <i>\$400<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3808 WOODOOD CROOK DR FB TX 75244</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>6/3/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICK JOHNSON</i>	Amount of contribution (\$) <i>750<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. BOX 810533 DALLAS TX 75381</i>		

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 (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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>DONT TAX ME F, B, ORG</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>6/3/19</i>		5 Payee name <i>THOMAS KOCH</i>			
6 Amount (\$) <i>1147<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>12354 BRISBANE FARMERS BRANCH TEX 75234</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>YARD SIGNS</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		Office sought Office held	
Date <i>6/3/19</i>		Payee name <i>DIGITAL MARKETING &amp; PRINT SOLUTIONS</i>			
Amount (\$)		Payee address; City; State; Zip Code <i>3308 WILCOY POST CARROLLTON TEXAS 75006</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>PRINTED FLYERS</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		Office sought Office held	
Date <i>5/29/19</i>		Payee name <i>PCR ELECTION CONSULTANTS</i>			
Amount (\$) <i>120<sup>00</sup></i>		Payee address; City; State; Zip Code <i>12427 VERONICA CIRCLE FARMERS BRANCH TX 75234</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>WALKING</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		Office sought Office held	

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