

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: 2
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3 COMMITTEE NAME Texarkana Strong	OFFICE USE ONLY Date Received October 23, 2014
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4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 210 StarLite DR Texarkana TX 75501	Date Hand-delivered or Postmarked <i>[Signature]</i>
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5 CAMPAIGN TREASURER NAME <input type="checkbox"/> change of address	MS / MRS / MR FIRST MI MRS Debois M NICKNAME LAST SUFFIX Dee HALL	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 210 StarLite DR Texarkana TX 75501
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 210 StarLite DR Texarkana TX 75501
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 832-7588
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year 10 / 3 / 2014	THROUGH	Month Day Year 10 / 20 / 14
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11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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GO TO PAGE 2

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

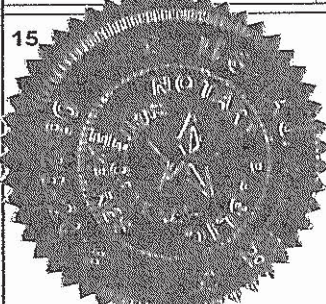
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texarkana Strong ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> CANDIDATE <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
		BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year <u>11 / 04 / 2014</u>
		DESCRIPTION <u>Election NOT to allow the sale of beer + wine in retail outlets in the City of Texarkana TX</u>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ NA
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,936.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,924.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ NA

15



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.

Debra M Hall
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Debra M Hall, this the 23rd day of October, 20 14, to certify which, witness my hand and seal of office.

J. Adria Miller Ti'Shia J. Miller AR Generalist
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath