rexas Etnics Commission	P.O. Box 12070 Austin	, lexas 78711-2070	(512) 463	3-5800 (TDE	0 1-800-735-2989
	URPOSE COMMITTED FINANCE REPORT	TEE	230_0000	For Cover Si	RM SPAC HEET PG 1
The SPAC Instruction Gu	ide explains how to complete this f	orm. 1 ACCOUNT# (Ethics Commission	n Filers)	2 Total pages file	d:
3 COMMITTEE NAME				OFFICE L	JSE ONLY
Texarkan	a United For		·	Date Received	24,2014
4 COMMITTEE ADDRESS	101 Redwater Ro	,	ZIP CODE	Ayn Jan	2 hupm
	Wake Village, T	X. 75501		Date Hand-delivered or Receipt#	Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	77 7 7 P	MI		
TREASURER NAME	Ms. Marsha	.		Date Processed	
	NICKNAME LAST Wilsor	7	SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX; AP 101 Redwater Rd	T/SUITE#; CITY; . Apt. #202	STATE;	ZIP CODE	
change of address	Wake Village, TX	, 75501			
8 CAMPAIGN TREASURER PHONE	(903) 331 - 280	EXTENSION	1		
9 REPORTTYPE	July 15 6 8ti	th day before election a day before election moff		Exceeded \$500 limit Dissolution (attach PAC-E 10th day after campaign trea	
10 PERIOD	Month Day Year			Month Day	Year
COVERED	10 /3 /2014	THROUGH		10/23/	2014
11 ELECTION		LECTION TYPE			
٠	Month Day Year 11 / 4 / 2014	Primary Rur	aaff [General	Special
GO TO PAGE 2					

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC

COVER SHEET PG Z			
12 COMMITTEE NAME	a United A	Co 411	ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE	a united 1	CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (of	ficeholder)
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTION DATE
ASSIST (Officeholder)	MEASURE	DESCRIPTION Election to allow wine in retail outlets in the	4 2014 the sale of beer and
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TH OR GUARANTEES OF LOANS), UNLESS ITEMI	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 41,000
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED \$ -C
3	4. TOTAL POLITICA	AL EXPENDITURES	\$34,375.82
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$34,375.82 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$8,518.51		
OUTSTANDING LOAN TOTALS	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			
Sworn to and subscribed before me, by the said M (MSMA Willam), this the			
Sworn to and subscribed before me, by the said			
here Jose Diane Pope Notary			Motary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

Th	e Instruction Guide explains how to complete this form.	1 Total pages Scho	edule C:
2 FILER NAME	kara United For All	3 ACCOUNT # (E	hics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of	8 In-kind contribution
	The Party Factory, Inc.	contribution (\$)	description (if applicable)
-	6 Corporation / Labor Organization address: City: State: Zip Code		
10-6-2014	4102 Stateline Ave.	20,000	
	Texaskara, Al. 71854	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	Chubby Cheeks Liquer	contribution (\$)	description (if applicable)
10-10-2014	Corporation / Labor Organization address; City; State; Zip Code]
1010 11	Corporation / Labor Organization address; City; State; Zip Code 820 Leaston Ave.	20,000	
	Trankara, AR. 71854		· · · · · · ·
	Topunçuit, ,	(if travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	CA, LC	contribution (\$)	description (if applicable)
en del mill	Corporation / Labor Organization address; City; State; Zip Code		
10-14-2014	3444 Summerment ra.	4,000	
	Texaelcana, TK. 75503		·
		(if travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		1	of Texas, compléte Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
	·	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside	of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
i	AT IACH ADDITIONAL COPIES OF THIS SCHEDULE	くり ストドンドン	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Solicitation/Fundr Legal Services Food/Beverage Expense Polling Expense The Instruction Guide explains how to one of the policy of the polic	Contract Labor alsing Expense rict Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed shove)	
1 Total pages Schedule F:	2 FILER NAME Texarkana United 1	3 ACCOUNT # (Ethics Commission Filers)	
10-6-2014	FREED AM Radio		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,000	3446B Summerhill Rd., Te.	xarkana, TX. 75503	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Radio advertising	
9 Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held	
expenditure to benefit C/			
Date	Payee name		
10-10-2014	· · · · · · · · · · · · · · · · · · ·	Texaskana	
Amount (\$)	Payee address; City; State; Zip Code		
12,571	2324 Arkansas Blvd., Tex	alkane, Ap. 71854	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Radio Advertising	
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held	
Date 10-14-2014	Payee name Cable One Advertising		
Amount (\$)	Payee address; City; State; Zip Code		
8741	8450 Westpark St., Boise	1D 83704	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Television Advertising	
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living experise	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
10-14-2014	Town Square Media Tex	arkano	
Amount (\$)	Payee address; City; State; Zip Code		
180	2324 Arkensas Blud. Texa	Phara, AL. 71854	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Racks Advertising	
EXPENDITURE	Advectising Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/Co Expense Solicitation/Fundra Legal Services Travel In District Food/Beverage Expense Travel Out Of Distr Polling Expense Office Overhead/R Printing Expense The Instruction Guide explains how to c	Loan Repayment/Reimbursement Transportation Equipment & Related Expense ict Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME TEXASKANA United to	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-14-2014	5 Payee name KTAL-b	
6 Amount (\$)	7 Payee address; City; State; Zip Code	TOTAL CONTROL OF THE PROPERTY
2839	3716 Summerhill Rd. Suite 1	00, Texaskano, TX 75503
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Television Advertising
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 10-17-2014	Texarkana Gazette	
Amount (\$)	Payee address; City; State; Zip Code	*
989.14	315 Pine St. Texaskans	2, TX. 75501
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) NewSpapel Advert Sing Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 10-17-14	Payee name Jiba nimo Studios	
Amount (\$)	Payee address; City; State; Zip Code	at at the late.
1500	216 Lankspur In. Wake	Village, TX. 1550/
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Ad Production Chapter of Texas (April 1997)
Complete ONLY if direct expenditure to benefit C/C		Check If Austin, TX, officeholder living expense Office sought Office held
10-21-14	American Classifieds	
Amount (\$)	Payee address; City; State; Zip Code	
469	2402 Summerhill Rd. Tex	ackara, TX. 75501
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Toxas, complete Schedule T) New Spaper Advertising
EXPENDITURE	Advertising Expense	Checkif Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Office holder name Office sought Office held expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Advertising Expense Accounting/Sanking Consulting Expenses Press Press Production (Expense Expenses Press Productional Expense Producti				
Texakana United for All Date 10-21-14 S Payee name 10-21-14 S Payee address; City, State; Zip Code 1009 35 Fine St. Texakana, TR. 1530 I B PURPOSE EXPENDITURE Office sought Candidate / Officeholder name Office sought Office held	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Salaries/Wage	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense rict Contributions/Donations Made By Candidate/Officeholder/Political Committed OTUS (April 1997)	tee
10-21-14 Texarkana Gazette 6 Amount (8) 7 Payee address; City: State; Zip Code 35 Fine St. Texarkana, TX. 1530 8 PURPOSE (a) Category: Gise categories teled at the top of this solution to benefit CiOH Payee name Candidate / Office holder name Office sought Office hold Office holder name Office sought Office holder name Office holder name Office sought Office holder name Office holder Office holder Office holder Office holder Office holder Office h	4	- Texaskana United 1		ilers)
String			VEAST OF SOURCES	
Complete DNLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Advectis, ng Expense Checkit Austin, TX, officeholdser inting expense Checkit Austin, TX, officeholdser TX, TS503	6 Amount (\$)	7 Payee address; City; State; Zip Code		
Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State: Zip Code	1009, 60		, TX. 75501	
9 Complete ONLY If direct expenditure to benefit C/OH Date	OF	schedule)		
expenditure to benefit C/OH Date 10-22-14 Amount (\$) Payee address: City: State; Zip Code 3706.20 3716 Summeshill Rd. SuiteIDD, Texaakara, Th. 75503 PURPOSE EXPENDITURE Candidate / Officeholder in literate of Toxas, complete Schedule T) Amount (\$) Payee name Candidate / Officeholder name Office sought Description (It ravel cutside of Toxas, complete Schedule T) Texaskara Faxes Checktalaustin, TX, officeholder living expense Office sought Office held Date 12-49, 44 Payee name Payee name Payee address; City: State: Zip Code 12-49, 44 Payee address; City: State: Zip Code Category (See categories listed at the top of this schedule) Payee address; City: State: Zip Code Camplete ONLY If direct Candidate / Officeholder name Office sought Office held Date Payee name 10-23-14 Pa	EXPENDITURE		Checkif Austin, TX, officeholder living expense	
Amount (\$) Payee address; City; State; Zip Code 3706.20 3716 Sunmechill Rd. Suite100, Texaskara, TX. 75503 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Payee name Texaskara Gazette Amount (\$) Payee address; City; State; Zip Code 1249, ## Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office hold Payee name Amount (\$) Payee and Candidate / Officeholder name Office sought Office hold Purpose Candidate / Officeholder name Office sought Office hold Payee name Amount (\$) Payee name Amount (\$) Payee address; City; State; Zip Code Candidate / Officeholder name Office sought Office hold Purpose Office hold Purpose Office hold Purpose Office name Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) New Spaper Found Russian, TX, officeholder living expense Office hold Date Payee name Massa Wilson Amount (\$) Payee address; City; State; Zip Code 21. ** In Russian, TX, officeholder living expense Category (See categories listed at the top of this schedule) Office Sought Office sought Office hold			Office sought Office held	012
PURPOSE Category (See categories listed at the top of this checkler) EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH PURPOSE Category (See categories listed at the top of this checkler) Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name IO-23-iff Payee address: City. State: Zip Code PURPOSE Category (See categories listed at the top of this checkler) Candidate / Officeholder name Office sought Office sought Office held Payee address: City. State: Zip Code PURPOSE Category (See categories listed at the top of this checkler) Candidate / Officeholder name Office sought Office sought Office held Payee name Office sought Office sought Office held Office sought Office held Payee name Office sought Office held Payee name Office sought Office held Office Supplices Category (See-categories listed at the top of this checkler) Office Supplices Category (See-categories listed at the top of this checkler) Office Supplices Office Supplices Category (See-categories listed at the top of this checkler) Office Supplices Office Supplices Office Supplices Office held Office held Office held Office held Office held		Payee name KTAL-6		
PURPOSE Schedule) Category (See categories listed at the top of this schedule) Payer name Complete CNNY if direct expenditure to benefit C/OH Payer name Category (See categories listed at the top of this schedule) Payer name Candidate / Officeholder name Category (See categories listed at the top of this of the complete control of the control of t	Amount (\$)	Payee address; City; State; Zip Code		
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Date Payee name Texalkara Gazette Arnount (\$) Payee address; City; State; Zip Code 249, ## Exalkara 315 Pine St. Texalkara, TX. 7550 PURPOSE OF Schedule) Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) NewSpaper Tavel Assing Checkit Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Payee name Office sought Office held Payee address; City; State; Zip Code Payee address; City; State; Zip Code Purpose OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Purpose OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Purpose OF Category (See categories listed at the top of this schedule) Office Supplies Category (See categories listed at the top of this schedule) Office Supplies Category (See categories listed at the top of this schedule) Office Supplies Category (See categories listed at the top of this schedule) Office Supplies Category (See categories listed at the top of this schedule) Office Supplies Category (See categories listed at the top of this schedule) Office Supplies Office Supplies Office Supplies Office Sought Office held Candidate / Officeholder name Office Sought Office held	OF	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T) Television Adverth Sing	
Amount (\$) Payee address; City; State; Zip Code 249, 44			Office sought Office held	n.
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PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Expense. Complete ONLY if direct expenditure to benefit C/OH Date Date	Amount (\$)	Payee address; City; State; Zip Code	8 h se	
Complete ONLY if direct expenditure to benefit C/OH	1249, 44	Exaction 315 Pine St.	Texarkara, TX. 75501	
Date Payee name Malsha Wilson Amount (\$) Payee address; City; State; Zip Code 21.64 Purpose Category (See categories listed at the top of this of the complete Schedule) EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Malsha Wilson Apt. #202 Wake Village TX. 7550/ Description (If traveroutside of Texas, complete Schedule T) Office Supplies Check if Austin, TX, officeholder living expense Office sought Office held	OF	schedule)	Newspaper Havestising.	
Amount (\$) Payee address; City; State; Zip Code 21.64 / Ol Redwater Rd. Apt. #202 Wake Village TX. 7550/ PURPOSE Category (See categories listed at the top of this Schedule) EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this Office Supplies Candidate / Officeholder name Office sought Office held		Explored to the provide the following the provided by the provided to the provided by the prov	Office sought Office held	
2/ 64 Collectif Austin, TX, office holder name Office holder name	10-23-14	Marsha Wilson		
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OF EXPENDITURE OFFICE Supplies Check if Austin, TX, office holder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	21,64	101 Redwater Rd. Apt. #203	Wake Village, TX. 75501	
Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Office sought Office held	The street of th			
expenditure to benefit C/OH		OTHER		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Salaries/Wages	/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	Lengt Services	draising Expense Transportation Equipment & Related
Consulting Expense	Food/Payers Function District	
Event Expense Fees	Delline Evenne	
7 668	Printing Expense The Instruction Guide explains how to	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME TEXARKANA United FOR	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-23-14	5 Payee name Marsha Wilson	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
100.00	101 Redwater Rd. Apt.	#202 Wake Village, TK. 75501
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	11 C	Campaign Services
LAFENDITORE	Consulting Expense	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Offiteholder name OH	Office sought Office held
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PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
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PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	SO: CONTRACTOR OF THE PROPERTY	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
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OF EXPENDITURE	schedule)	
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