

# 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:

7

3 COMMITTEE NAME

*Texarkana United For All*

### OFFICE USE ONLY

Date Received

*October 24, 2014*

*Jay Johnson*

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*101 Redwater Rd. Apt. #202  
Wake Village, TX. 75501*

change of address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

*Ms. Marsha C*

NICKNAME

LAST

SUFFIX

*Wilson*

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

*101 Redwater Rd. Apt. #202  
Wake Village, TX. 75501*

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*101 Redwater Rd. Apt. #202  
Wake Village, TX. 75501*

change of address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(903) 331-2800*

9 REPORT TYPE

January 15

30th day before election

Exceeded \$500 limit

July 15

8th day before election

Dissolution (attach PAC-DR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

*10 / 13 / 2014*

THROUGH

Month Day Year

*10 / 23 / 2014*

11 ELECTION

ELECTION DATE  
Month Day Year

*11 / 4 / 2014*

ELECTION TYPE

Primary

Runoff

General

Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME Texarkana United For All ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (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	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year <u>11 / 4 / 2014</u> DESCRIPTION <u>Election to allow the sale of beer and 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,000</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>34,375.82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>8,518.51</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

15 AFFIDAVIT

DIANE P. POPE  
NOTARY PUBLIC  
STATE OF TEXAS  
EXPIRES 10-24-2015

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.

Marsha C. Wilson  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marsha Wilson, this the 24 day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Diane Pope  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE C**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: /	
2 FILER NAME <i>Texarkana United For All</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>10-6-2014</i>	<i>The Party Factory, Inc.</i>	<i>20,000</i>	
	6 Corporation / Labor Organization address; City; State; Zip Code <i>4102 Stateline Ave. Texarkana, AR. 71854</i>	(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10-10-2014</i>	<i>Chubby Cheeks Lignor</i>	<i>20,000</i>	
	Corporation / Labor Organization address; City; State; Zip Code <i>820 Realtor Ave. Texarkana, AR. 71854</i>	(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>10-14-2014</i>	<i>C&amp;A, LLC</i>	<i>4,000</i>	
	Corporation / Labor Organization address; City; State; Zip Code <i>3444 Sumnerhill Rd. Texarkana, TX. 75503</i>	(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)	
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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>	2 FILER NAME <b>Texarkana United For All</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10-6-2014</b>	5 Payee name <b>FREEN AM Radio</b>
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6 Amount (\$) <b>1,000</b>	7 Payee address; City; State; Zip Code <b>3446B Summerhill Rd., Texarkana, TX. 75503</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Radio advertising</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-10-2014</b>	Payee name <b>Town Square Media Texarkana</b>
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Amount (\$) <b>12,571</b>	Payee address; City; State; Zip Code <b>2324 Arkansas Blvd., Texarkana, AR. 71854</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Radio Advertising</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-14-2014</b>	Payee name <b>Cable One Advertising</b>
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Amount (\$) <b>8741</b>	Payee address; City; State; Zip Code <b>8450 Westpark St., Boise ID 83704</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Television Advertising</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-14-2014</b>	Payee name <b>Town Square Media Texarkana</b>
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Amount (\$) <b>180</b>	Payee address; City; State; Zip Code <b>2324 Arkansas Blvd. Texarkana, AR. 71854</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Radio Advertising</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>	2 FILER NAME <b>Texarkana United For All</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10-14-2014</b>	5 Payee name <b>KTAL-6</b>
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6 Amount (\$) <b>2839</b>	7 Payee address; City; State; Zip Code <b>3716 Summerhill Rd. Suite 100, Texarkana, TX. 75503</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Television Advertising</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-17-2014</b>	Payee name <b>Texarkana Gazette</b>
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Amount (\$) <b>989.14</b>	Payee address; City; State; Zip Code <b>315 Pine St. Texarkana, TX. 75501</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Newspaper Advertising</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-17-14</b>	Payee name <b>Jibamimo Studios</b>
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Amount (\$) <b>1500</b>	Payee address; City; State; Zip Code <b>216 Lookspur Ln. Wake Village, TX. 75501</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Ad Production</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-21-14</b>	Payee name <b>American Classifieds</b>
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Amount (\$) <b>469</b>	Payee address; City; State; Zip Code <b>2402 Summerhill Rd., Texarkana, TX. 75501</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Newspaper Advertising</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel in District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4      2 FILER NAME: Texarkana United For All      3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10-21-14      5 Payee name: Texarkana Gazette

6 Amount (\$): 1009.<sup>60</sup>      7 Payee address; City; State; Zip Code: 315 Pine St. Texarkana, TX. 75501

8 PURPOSE OF EXPENDITURE: Advertising Expense  
 (a) Category (See categories listed at the top of this schedule): Advertising Expense  
 (b) Description (If travel outside of Texas, complete Schedule T): Newspaper Advertising  
 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: 10-22-14      Payee name: KTAL-6

Amount (\$): 3706.<sup>00</sup>      Payee address; City; State; Zip Code: 3716 Sunmechill Rd. Suite 100, Texarkana, TX. 75503

PURPOSE OF EXPENDITURE: Advertising Expense  
 Category (See categories listed at the top of this schedule): Advertising Expense  
 Description (If travel outside of Texas, complete Schedule T): Television Advertising  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date: 10-23-14      Payee name: Texarkana Gazette

Amount (\$): 1249.<sup>44</sup>      Payee address; City; State; Zip Code: ~~Texarkana~~ 315 Pine St. Texarkana, TX. 75501

PURPOSE OF EXPENDITURE: Advertising Expense  
 Category (See categories listed at the top of this schedule): Advertising Expense  
 Description (If travel outside of Texas, complete Schedule T): Newspaper Advertising  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date: 10-23-14      Payee name: Marsha Wilson

Amount (\$): 21.<sup>64</sup>      Payee address; City; State; Zip Code: 101 Redwater Rd. Apt. #202 Wake Village, TX. 75501

PURPOSE OF EXPENDITURE: OTHER  
 Category (See categories listed at the top of this schedule): OTHER  
 Description (If travel outside of Texas, complete Schedule T): office supplies  
 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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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |
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1 Total pages Schedule F: <b>4</b>	2 FILER NAME <i>Texasarkana United For All</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-23-14</i>	5 Payee name <i>Maesha Wilson</i>
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6 Amount (\$) <i>100.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>101 Redwater Rd. Apt. #202 Wake Village, TX. 75501</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Services</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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