

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM SPAC
COVER SHEET PG 1**

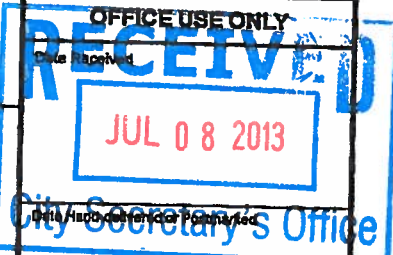
The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filer)

2 Total pages filed: **8**

3 COMMITTEE NAME

Focus Irving PAC



4 COMMITTEE ADDRESS

change of address

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

*P.O. BOX 166905
IRVING, TX 75016*

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

MR. JOHN C

NICKNAME LAST SUFFIX

CHRIS ALLEN

Receipt # *7-8-13 @ 12:40pm* Amount *Ca*
Date Processed *Drawn by [signature] 7/8/13*
Date Imaged

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

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

5100 N. O'Connor # 400 Irving TX, 75062

7 CAMPAIGN TREASURER'S MAILING ADDRESS

change of address

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

P.O. Box 166905 Irving TX 75039

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 652-3431

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 6th day before election
- Runoff
- Exceeded \$500 limit
- Dissolution (attach PAC-DR)
- 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR

5 / 2 / 2013 THROUGH 6 / 5 / 2013

11 ELECTION

Month DAY YEAR

6 / 15 / 13

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

FOCUS IRVING PAC

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

ALIEN MEAGHER

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

*PLACE 2 Irving TX
City Council*

OPPOSE
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

6/18/2013

ASSIST
(Officeholder)

MEASURE

DESCRIPTION

14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *270.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *7,953.14*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *40.25*

4. TOTAL POLITICAL EXPENDITURES

\$ *22826.24*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *14,299.00*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *24,000.00*

15 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.

[Handwritten Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Chris Allen*, this the *8* day of *July*, 20 *13*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Renicelo McKenzie
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME
FOCUS Irving Pac

3 ACCOUNT # (Ethics Commission Filers)

4 Date
5 Full name of contributor out-of-state PAC (ID#:
James W. Cassels
6 Contributor address; City; State; Zip Code
**312 Steeplechase Lane
Irving TX 75062**

7 Amount of contribution (\$) **500.00**
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
Self

Date
5-14-13
Full name of contributor out-of-state PAC (ID#:
Mary D. Berlin
Contributor address; City; State; Zip Code
**4743 BYRON CIR.
Irving TX 75038**

Amount of contribution (\$) **1,000.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
Retired

Date
5-28-13
Full name of contributor out-of-state PAC (ID#:
Jack Huffman
Contributor address; City; State; Zip Code
**4747 Byron Circle
Irving TX 75038**

Amount of contribution (\$) **100.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
5-23-13
Full name of contributor out-of-state PAC (ID#:
Russell Driver
Contributor address; City; State; Zip Code
**203 Hunt Drive
Irving TX 75063**

Amount of contribution (\$) **500.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
oil & Gas exploration

Employer (See Instructions)
Self

Date
6-4-13
Full name of contributor out-of-state PAC (ID#:
Albert Zapanta
Contributor address; City; State; Zip Code
**2516 Clear Spring
Irving, TX 75062**

Amount of contribution (\$) **500.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
consultant

Employer (See Instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Focus Irving PAC		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 6-3-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Judy Stasky	7 Amount of contribution (\$) 54.50	8 In-kind contribution description (if applicable) Event Meet + Greet Refreshments
6 Contributor address; City; State; Zip Code P.O. BOX 416 Dublin TX 76629		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOHN C ALLEN	Amount of contribution (\$) 860.60	In-kind contribution description (if applicable) ADVOCACY CALLS
Contributor address; City; State; Zip Code 3915 FOX GLEN DR. IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RESIN RESOURCES INC.	
Date 5/9/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOHN C ALLEN	Amount of contribution (\$) 860.60	In-kind contribution description (if applicable) ADVOCACY CALLS
Contributor address; City; State; Zip Code 3915 FOX GLEN DR. IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RESIN RESOURCES INC.	
Date 5/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOHN C ALLEN	Amount of contribution (\$) 860.60	In-kind contribution description (if applicable) ADVOCACY CALLS
Contributor address; City; State; Zip Code 3915 FOX GLEN DR. IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RESIN RESOURCES INC.	
Date 5/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOHN C ALLEN	Amount of contribution (\$) 860.60	In-kind contribution description (if applicable) ADVOCACY CALLS
Contributor address; City; State; Zip Code 3915 FOX GLEN DR. IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RESIN RESOURCES INC.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 3	
2 FILER NAME <i>Focus Irving PAC</i>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN C ALLEN	7 Amount of contribution (\$) 1586.24	8 In-kind contribution description (if applicable) POLLING		
6 Contributor address; City; State; Zip Code 3915 FOX GLEN DR. IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) PRESIDENT			10 Employer (See Instructions) RESIN RESOURCES INC.		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)		
(If travel outside of Texas, complete Schedule T)					
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.

LOANS

SCHEDULE E*

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Focus Irving Pac

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

5-23-13

7 Name of lender

John C Allen

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

7,200.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

*3915 Fox Glen DR
Irving TX 75062*

10 Interest rate

-0-

11 Maturity date

-0-

12 Principal occupation / Job title (See instructions)

President

13 Employer (See instructions)

Resin Resources Inc.

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation (See instructions)

20 Employer (See instructions)

Date of loan

Name of lender

John C Allen

out-of-state PAC (ID# _____)

Loan Amount (\$)

11,800.00

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

*3915 Fox Glen DR.
Irving TX 75062*

Interest rate

-0-

Maturity date

-0-

Principal occupation / Job title (See instructions)

President

Employer (See instructions)

Resin Resources Inc.

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

* FROM PRIOR \$5,000 TOTAL \$24,000

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME Focus Irving PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-30-13		5 Payee name Booker Industries			
6 Amount (\$) 3532.48		7 Payee address; City; State; Zip Code 2344 Farrington Dallas TX 75207			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Mailing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-3-13		Payee name Booker Industries			
Amount (\$) 8221.24		Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Mailing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-23-13		Payee name Glory House Catering			
Amount (\$) 250.00		Payee address; City; State; Zip Code 109 So. Main St. Irving TX 75060			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		Description (If travel outside of Texas, complete Schedule T) Meet & Meet Refreshments	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Alan Meagher		Office sought Irving City Council Office held none	
Date 5-23-13		Payee name Rambler Newspapers			
Amount (\$) 2234.14		Payee address; City; State; Zip Code P.O. Box 177731 Irving TX 75017			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) newspaper advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME FOCUS Irving PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-23-13	5 Payee name Rambler Newspapers
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code P.O. Box 177731 Irving TX 75017
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Pol. Adv.	(b) Description (If travel outside of Texas, complete Schedule T) Invites to Events
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Allen Meagher	Office sought Irving City Council	Office held None
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Date 5-6-13	Payee name Becker Industries
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Amount (\$) 4403.25	Payee address; City; State; Zip Code 2344 Farrington Dallas TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Mailers
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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 5-6-13	Payee name Political Advisors LLC
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Amount (\$) 3994.88	Payee address; City; State; Zip Code 815 A Brazos St. # 304 Austin TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Political Advice Information
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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