

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **5**

3 COMMITTEE NAME

Irving Citizens for More Retail Options

4 COMMITTEE ADDRESS

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

P.O. Box 19582 Dallas TX 75219

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Drew

NICKNAME LAST SUFFIX

Campbell

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

2215 Cedar ~~St~~ Springs Dallas, TX 75201

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Same

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 850-9395

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 THROUGH Month Day Year
10 / 16 / 18 12 / 31 / 18

11 ELECTION

ELECTION DATE
Month Day Year

5 / 4 / 19

- Primary Runoff
 General Special

ELECTION TYPE

Other Description

May Municipal

OFFICE USE ONLY

RECEIVED

JAN 15 2019

City Secretary's Office

Date Hand-delivered or Date Postmarked: *mailed 1/15/19 11:12am*

Receipt # Amount \$

Date Processed: *2/20/19 1-15-19*

Date Imaged

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Irving Citizens for More Retail Options 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input 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>5 / 4 / 19</u> DESCRIPTION <u>Local Option</u>

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 142,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 142,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 AFFIDAVIT



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.

James Campbell
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said James Campbell, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

Sonia Rogers SONIA ROGERS Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME

Irving Citizens for More Retail Options

18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 142,000
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	\$ 142,000
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 CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The instruction Guide explains how to complete this form.

1 Total pages Schedule C1: 1

2 FILER NAME

Irving Citizens for More Retail Options

3 Filer ID (Ethics Commission Filers)

4 Date

10/29/18

5 Corporation / Labor Organization name

Total Wine & More

6 Corporation / Labor Organization address; City; State; Zip Code

*11325 Seven Locks Rd., Ste. 214
Potomac, MD 20854*

7 Amount of contribution (\$)

\$60,000.00

Date

12/6/18

Corporation / Labor Organization name

Total Wine & More

Corporation / Labor Organization address; City; State; Zip Code

*11325 Seven Locks Rd., Ste. 214
Potomac, MD 20854*

Amount of contribution (\$)

\$82,000.00

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

Date

Corporation / Labor Organization name

Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1	2 FILER NAME Irving Citizens for More Retail Options	3 Filer ID (Ethics Commission Filers)
4 Date 10/29/18	5 Payee name Tim Reeves Consulting, LLC	
6 Amount (\$) \$60,000.00	7 Payee address; City; State; Zip Code 5214 Vickery Blvd. Dallas TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Petition Expenses	(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
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Date 12/6/18	Payee name Tim Reeves Consulting, LLC		
Amount (\$) \$32,000.00	Payee address; City; State; Zip Code 5214 Vickery Blvd Dallas, TX 75206		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Petition Expenses	Description <input type="checkbox"/> Check 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		
Amount (\$)	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check 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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