(TDD 1-800-735-2989)

Austin, Texas 78711-2070

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;
3 COMMITTEE NAME	OFFICE USE ONLY
PASS THE BAN	Date Received
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COD	
Change of address 1620 VICTORIA DR./ DENTON, TX 7620	Dele Hand-delivered or Postmarked Pecelpt # Amount
5 CAMPAIGN TREASURER NAME FIRST MI EDWARD B.	Dale Processed
NICKNAME LAST SUFFIX FD SOPH	Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; TREASURER'S STREET ADDRESS (residence or business) 1620 VICTORIA DR. / DENTON, TX	ZIP CODE 76209
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address STREET OR PO BOX; APT / SUITE #; CITY; STATE; 16 20 VICTORIA DR. / DENTIN, T	X 76209
8 CAMPAIGN TREASURER PHONE (940) 383-4693	
9 REPORTTYPE January 15 30th day before election Eth day before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED Month Day Year THROUGH	Month Day Year 10 / 6 / 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	PASS TI	HE BAN	ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE		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)
(Candidate or Measure)		Mont	04/2014
ASSIST (Officeholder)	MEASURE	DESCRIPTION Ordinance bang fracturing within Dend	ring hydraulic one city limits.
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TH OR GUARANTEES OF LOANS), UNLESS ITEMI	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,970.40
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED \$
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 8457.67
CONTRIBUTION BALANCE	5: TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 13,402.71
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$
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			
AFFIX NOTARY STAMP / SEA		said Edward Snon	this the
day of	OCTO DUY 20	to certify which, witness my	
rachel chandl	en Ro	ionel Chandler	notary
Signature of officer administer	ing oath Printed :	name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: 13
2 FILER NAME PASS THE BAN		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 7/21/	Udi-ol-state () Odi-ol-state () Odi-ol		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12014	6 Contributor address; City; State; Zip Code 2005 Burning Trtt Law, Ithm	76209	\$1000.	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In		
7/13/2014	Full name of contributor out-of-state PAC (ID#_ MATTHEW ESHBANGH - SUHA Contributor address; City; State; Zip Code 1100 Ridgewest (inch, Down 7)	16205	Amount of contribution (\$)	In-kind contribution description (if applicable)
·	<i>y</i> , <i>c</i> , <i>c</i>		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Tronds, complete careage, .,
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/17/2014	Contributor address; City; State; Zip Code 2002 W. Hickory, Dimon 76	1201	\$ 96.80	
·			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/17/2014	Contributor address; City; State; Zip Code 6230 FM 1030, Avgyh, TX	76228	\$ 96.80	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID# Tom and Karen Brenner		Amount of contribution (\$)	In-kind contribution description (if applicable)
[†] /20/2014	Tom and Karen Bornner Contributor address; City; State; Zip Code 5045 W. Cullum Ave., Chicago, IL	60641	\$ 96.80	 - of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See in:		, , , , , , , , , , , , , , , , , , , ,

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SCHEDULE A

The	Instruction Guide explains how to complete th	ls form.	1 Total pages Sch	edule A: 13
2 FILER NAME	PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor	,	7 Amount of	8 In-kind contribution
- Baic			contribution (\$)	description (if applicable)
	Dianna Robinson			
7/23/2014	6 Contributor address; City; State; Zip Code 2508 RNVKWOOD, Down, 762	409	£100.	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	V	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Kate Sinding Daly		2	
7/23/2014	Contributor address; City; State; Zip Code 15 W. 20 4 St, Ap1. 3B, NY, NY 1	10011	\$145.35	
			(If travel outside o	of Texas, complete Schedule T)
Principal cool	pation / Job title (See Instructions)	Employer (See In		or rexas, complete ochedule 1)
Principal occu	pation/Job title (See Instructions)	Limployer (dee in	ati detions/	
Date	Full name of contributor out-of-state PAC (ID#_ Eilven P. Curran		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/23/2014	Contributor address; City; State; Zip Code 84 West St., Berlin, MA	DE DE ROMO ES ES DE DE DE DES E	196.80	
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:	,	Amount of	In-kind contribution
7/201	Susan Pirru		contribution (\$)	description (if applicable)
114/	Contributor address; City; State; Zip Code		.	
/2014	2104 Corrmeadow, Donton 76	207	\$100.	
			(If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		
Filitopal occuj	oaudit 7 300 aue (Gee maaddadha)	Employer (dec iii		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/,	Marvin Stamm	vamervvami	contribution (\$)	description (if applicable)
1/2014	Marvin Stamm Contributor address; City; State; Zip Code 130 Titicus Rd., N. Salum, Ny	10560	\$50.	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

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POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: 13 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME PACK THE BAN In-kind contribution 7 Amount of Rich E. Appling E-Missy M. Appling 6 Contributor address; City; State; Zip Code 3616 Bontley Court, Denton 7620 contribution (\$) description (if applicable) \$5000.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Amount of Suzanne Barzee Contributor address; City; State; Zip Code 3852 Eagle St., San Diego, CA 92103 description (if applicable) contribution (\$) \$ 96.80 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of contributor Amount of Annette WWIdon Contributor address; City; State; Zip Code 520 Roberts St., Deuten 76209 contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 603 N. Lucust, Denton 76201 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Cicadas, Inc., DBA Greenhouse Restaurant Contributor address; City; State; Zip Code 600 N. Locust, Denton 76201 description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: // // // // // // // // // // // // //
2 FILER NAME	PASS THE BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date 8/29/2014	5 Full name of contributor out-of-state PAC (ID#_Pamble J. Livingston 6 Contributor address; City; State; Zip Code 2012 Barness Dr., Denton 762	09	7 Amount of contribution (\$) \$\frac{4}{100}\$.	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 9/21/2014	Full name of contributor out-of-state PAC (ID#_Shavon Spuss Contributor address; City; State; Zip Code 7501 Stallion, Dtwon 76208		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)
9/2/2014	Full name of contributor out-of-state PAC (ID#_Cynthia C. Vrnables Contributor address; City; State; Zip Code 314 Minneya Pr. Denten 7620		Amount of contribution (\$) \$200.	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
9/2/2014	Full name of contributor out-of-state PAC (ID#_ Gaylt S. Litban Contributor address; City; State; Zip Code 2208 Parks 7 Dr., Denton	76201	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
9/2/2014	Full name of contributor out-of-state PAC (ID#			In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 13
2 FILER NAME	PAGS THE BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date 9/7/2014	5 Full name of contributor out-of-state PAC (ID#_Bonnit Fritdman 6 Contributor address; City; State; Zip Code 1914 W. Dah, Down 76201		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
9/4/2014	Full name of contributor out-of-state PAC (ID#_ Sandra J. Swan Contributor address; City; State; Zip Code 1413 Cambridge Lawt, Donton	76209	Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	
Plate 9/15/2014	Full name of contributor out-of-state PAC (ID#	209	Amount of contribution (\$) \$ 57.96	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		,
Date 9/16/2014	Full name of contributor out-of-state PAC (ID#_ Jo Annt Bixby Contributor address; City; State; Zip Code 2225 Fairfax Trail, Denten 76	205	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date 9/29/ /29/ /2014	Full name of contributor out-of-state PAC (ID#_Phyllix I. Minton Contributor address; City; State; Zip Code 2005 Burning TVV (am, Down (Burning)	m, 76209	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		

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SCHEDULE A

The	Instruction Gulde explains how to complete thi	is form.	1 Total pages Sche	dule A: 13
2 FILER NAME	PASS THE BAN		3 ACCOUNT # (Eth	nics Commission Filers)
9/29/2014	5 Full name of contributor out-of-state PAC (ID#_ Robicca DickStem 6 Contributor address; City; State; Zip Code 2224 Novth Lake Trail, Demons	76201	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 9/16/	Full name of contributor out-of-state PAC (ID#_ Pixtry Allaart Contributor address; City; State; Zip Code 3621 Marianne Crul, Druttn		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2014	3621 Marianne Circle, Denten	76209	170.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 9/17/2014	Full name of contributor out-of-state PAC (ID#_Brendle I. Hogan Contributor address; City; State; Zip Code 1117 Rolling Creek Run, Fr. Worth	TX 76108	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 9/19/2014	Full name of contributor out-of-state PAC (ID#_Grorgs Cochram Contributor address; City; State; Zip Code 610 W. Oak, Denton 76201) 	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	
Plate 9/21/2014	Full name of contributor out-of-state PAC (ID#_ Tim Ruggioro Contributor address; City; State; Zip Code 10037 Copuland Pl., Pilot Point	TX 76258	Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 13
2 FILER NAME	PASS THE BANI		3 ACCOUNT # (E	thics Commission Filers)
4 Date 9/22/2014	5 Full name of contributor out-of-state PAC (ID#: Chrutum Bryan 6 Contributor address; City; State; Zip Code 916 Andrewon, Denton 76201		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		or rexas, complete scriedule 1/
Pate 9/23/2014	Full name of contributor out-of-state PAC (ID#_ David Riuwe Contributor address; City; State; Zip Code 617 Apollo Dr., Druton 7-6209		Amount of contribution (\$)	In-kind contribution description (if applicable)
Drivning and	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Principar occuj	Dation / Job title (See Hatructions)	Employer (dee in	ati detterio)	
Pate 9/2.4/2014	Full name of contributor out-of-state PAC (ID#_Pathy Park) Contributor address; City; State; Zip Code 2040 W. Oak, Denton 76201		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
9/ /24/ /2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
9/28/2014	Full name of contributor out-of-state PAC (ID#			In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

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SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: 13
2 FILER NAME	PASS THE BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Sarah Frederick 6 Contributor address; City; State; Zip Code 910 W. Congress St., Denton 767		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	•		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In		
Date 10/6/ 2014	Full name of contributor out-of-state PAC (ID#_Pampla Mrrdith Wat Contributor address; City; State; Zip Code 2118 Charry Wood Lu, Dtwon Fo		Amount of contribution (\$)	In-kind contribution description (if applicable)
*:	y		/If traval autoida /	of Texas, complete Schedule T)
Data dis al accom	a stien / leb title (See Instructions)	Employer (See In:		of Texas, complete Schedule 1)
Principal occu	pation / Job title (See Instructions)	Employer (See III.	sirociona)	
Date 10 6 2014	Full name of contributor out-of-state PAC (ID#_ Dalton R. Gregory Political Ful Contributor address; City; State; Zip Code 2408 Emerson, Denton 762	nd	Amount of contribution (\$) \$ 250	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See In		
Fillicipal occuj	pation / 300 title (See Matructions)	Z//ipioyor (coc iii	5.1.50.1.57	
Date 16 6 2014	Full name of contributor out-of-state PAC (ID#	76201	Amount of contribution (\$)	In-kind contribution description (if applicable)
5: 1 1	4 / 1-6 474 - /O In-shrushings)	Employer/See In	•	or rexas, complete concedes 17
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	au actions/	
Date 10/6/2014	Full name of contributor out-of-state PAC (ID#_ We was with the contributor address; City; State; Zip Code 3503 Orible Ln., Dewton	76209	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See In		
Frincipal occuj	pation / Job title (See Instructions)	Employer (occim		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 13
2 FILER NAME	PASS THE BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ KATHLEEN Soder Lund 6 Contributor address; City; State; Zip Code 812 Thomas, Denton 76201	ತಹ <i>ಯ ಡಲ್ಲ</i> ಟಹು ಶತನ	7 Amount of contribution (\$) \$ 90	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 10/6/2014	Full name of contributor out-of-state PAC (ID#_ Rebecca Januar Williams Contributor address; City; State; Zip Code 7219 Peden Rd., Azlu, TX 760	26	Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 10 6/2014	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	× .		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 10/6/2014	Full name of contributor out-of-state PAC (ID#_Pample J. Livingston Contributor address; City; State; Zip Code 2812 Barress Dr., Denton 7	b209	Amount of contribution (\$) # 100.	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 10/2014	Full name of contributor out-of-state PAC (ID#_C. Hundrich - Souris Contributor address; City; State; Zip Code 832 Shylark Dr., Down 7	6 205	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

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SCHEDULE A

The	Instruction Guide explains how to complete th	s form.	1 Total pages Schedule A: 13	
2 FILER NAME	PASS THE BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date 10 6 2014	5 Full name of contributor out-of-state PAC (ID#_CWHY M S MUUS) 6 Contributor address; City; State; Zip Code 974 Fossil Ridge Rd., Dreatur,	× 76234	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In		or rexas, complete ouredule 1)
9 Fincipal occup	pation / 300 title (366 instructions)	10 cmployer (dee in	sti dottorio)	
Date 10 6 2014	Full name of contributor out-of-state PAC (ID#) James Himman Contributor address; City; State; Zip Code 3604 Cyranada Trail, Deuton	76205	Amount of contribution (\$)	In-kind contribution description (if applicable)
20.			(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date 10 6 2014	Full name of contributor out-of-state PAC (ID#	7201	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 10 6/ /2014	Full name of contributor out-of-state PAC (ID#_Gary Truit Contributor address; City; State; Zip Code 2029 Bowling Green St., DH	nton 76201	Amount of contribution (\$)	In-kind contribution description (if applicable) for Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date 10 6 2014	Full name of contributor out-of-state PAC (ID#_ Bryevy Ann Davenport Contributor address; City; State; Zip Code 812 Haynes St., Dimton 762) 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 13
2 FILER NAME	PASS THE BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date 10 6 7014	5 Full name of contributor out-of-state PAC (ID#_Courtway Molchan Barnatos) 6 Contributor address; City; State; Zip Code 623 Matador Dr., Own Point, To	ki X 75068	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occuj	pation / Job title (See Instructions)	10 Employer (See In		or rexas, comprete donedure 1)
Date 10 6 2014	Full name of contributor out-of-state PAC (ID#_WWHEV Lindrose Contributor address; City; State; Zip Code 825 Lynhwrst Law, Dowlr	n 76205	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		r rexas, complete defledule 17
Date 10 6 2014	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
5		Employer/Coolin		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date 10 6 2014	Full name of contributor out-of-state PAC (ID#_ JM - JM Spoon Contributor address; City; State; Zip Code 1109 W. Congress, Denten	76201	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		or rexas, complete scriedule 1)
Date 10 6/2014	Full name of contributor out-of-state PAC (ID#_ JOANM CIPNA - DENNING Contributor address; City; State; Zip Code 964 W. Dryden Pd, Freeville,	NY 13068	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		of Texas, complete Schedule T)

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13		
2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)		
5 Full name of contributor out-of-state PAC (ID#) EARTHWORKS 6 Contributor address; City; State; Zip Code 1612 K Street, NW, Switz 908 Washington, D. C. 20006		7 Amount of contribution (\$)		
9 Principal occupation / Job title (See Instructions)	10 Employer (See Ins	See Instructions)		
Date Full name of contributor Contributor Date Full name of contributor Contributor address; City; State; Zip Code 1612 K Street, NW, Str 908, Was	Amount of contribution (\$)	In-kind contribution description (if applicable) 364.86 (post cards)		
		(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable) 5, 7,75. (yand signs) of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (Se				
Date Full name of contributor Contributor out-of-state PAC (ID#:	ខ្នែក ខេង ខេង ១៩៩៩៩	Amount of contribution (\$)	In-kind contribution description (if applicable) 6,744. (Bill brands) of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See In		structions)		
Date Full name of contributor Gout-of-state PAC (ID#:_ 9/22/ Contributor address; City; State; Zip Code 1612 K Street NW, Str 908, Wa	sh.,DC.2006	Amount of contribution (\$)	In-kind contribution description (if applicable) 971.76 (fyers) of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See In			
,				

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Gulde explains how to complete this form.			1 Total pages Schedule A:			
2	2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)			
4	Date 10/2/2014	5 Full name of contributor out-of-state PAC (ID#) EARTH WORKS 6 Contributor address; City; State; Zip Code 1612 K Street, NW, Jrv. BOB, Wash., DC 2006		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 12,867.61 (mailtrn)	
					of Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	structions)			
	Date Full name of contributor EARTHWORKS Contributor address; City; State; Zip Code 1612 K Street NW, Str 808, Wash. DC 2006			Amount of contribution (\$)	In-kind contribution description (if applicable) #1500. (web design)	
	20.			(If travel outside o	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Ins	nstructions)			
	Date	Full name of contributor out-of-state PAC (ID# Contributor address; Clty; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Employer (See In				of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (occ III			
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
				1	li L	
			(If travel outside of Texas, complete Schedule T)			
	Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	vi	
	Date	Full name of contributor 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 occup	pation / Job title (See Instructions)	Employer (See In	structions)		
				ACMEEDED		

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POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/GEXPENSE Solicitation/Fund Legal Services Travel In District Food/Beverage Expense Travel Out Of Dis Polling Expense Office Overhead/ Printing Expense The Instruction Guide explains how to	Contract Labor. Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete this form.
1 Total pages Schedule F:	2 FILER NAME PASS THE BAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/26/2014	Denten Rorord Chronicle	
6 Amount (\$) 1,359.16	7 Payee address; City; State; Zlp Code 314 E. Hickory, Drwton,	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Full page 23 in Juneary Paper
EXPENDITURE	Advorting expens	Check If Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 10/2/2014	Payee name Denton Rosord Chrom	icle
Amount (\$)	Payee address; City; State; Zip Code	
4 839.16	314 E. Hickory, Donton, 76	201
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Full Page AX Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date 10/4/2014	Payee name We Denton Do It LLC	
Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Payee address; City; State; Zip Code 100 W. bak St., Str D, Dr.	nton 76201
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date 9/26/2014	Payee name Ramey King Thsur	anct
Amount (\$) # 375.	Payee address; City; State; Zip Code 510 N. Interstate 3E, Dens	ton, 76205
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) W. W
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
expenditure to benefit C		COLLEGE AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: PASS THE BAN 5 Payee name 4 Date 6 Amount (\$) \$163.54 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) **PURPOSE** 8 Rembussement for supplies for building parast float for 42 of July. Office sought Office held OF Howevering **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Sandy Swan ress; City; State; Zip Code 1413 Cambridge land, Douton 76209 Va4.46 Rescription (If travel outside of Texas, complete Schedule T) Rem human for copying PURPOSE Krinting exponen **EXPENDITURE** (xpunse) Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Fayle + Wheeler Payee address; City; State; Zip Code 9/19/2014 733 Fort Worth Drus, Donton 76201 \$ 2,143.35 Category (See categories listed at the top of this schedule) **PURPOSE** printing down hangers. OF Adverting examp **EXPENDITURE** Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH City of Venton Parks z-Rouration Payee address; City; State; Zip Code 601 E. Hickory, Switz B., Denton 76205 Description (If travel outside of Texas, complete Schedule, T) Rental of Qualitative Park amplificative Category (See categories listed at the top of this schedule) **PURPOSE** OF Event exponse **EXPENDITURE** for our 20 Office sought Office held Candidate / Officeholder name Complete ONLY if direct

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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Contributions/Donations Made By Travel In District Food/Beverage Expense Consulting Expense Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District Event Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) **Printing Expense** Fees The Instruction Gulde explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F: PASS THE BAN 5 Payee name 4 Date FACEBOOK State; 454.18 (a) Category (See categories listed at the top of this schedule) PURPOSE OF Site promotion Candidate / Officeholder name EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Payee name RANGES MAKE TAMAN DENTON PARKS & REC Payee address; City; State; Zip Code
City Hall East, 601 E. Hickory, Swite B, Druton 76205 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) OF Event exposs Processing for for druments **EXPENDITURE** Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH OFFICE MAX # 814 City; State; Zip Code 1447 S. Loop 208, Denton 76205 \$ 22.23 Description (If travel outside of Texas, complete Schedule T)
Fram home, push pms, rubberbands. Category (See categories listed at the top of this schedule) **PURPOSE** OF Event expens EXPENDITURE Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 7/02/2014 Amount (\$) City; State; Zip Code 1024 Dallas Dr., Donton 76205 \$ 203.51 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) Advortising expense OF banner **EXPENDITURE** Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

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EXPENDITURE CATEGORIES FOR BOX 8(a)

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of	es/Contract Labor indraising Expense rict District ead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
5	PASS THE BAN		
4 Date 9/15/2014	BUTTON-UP DENTON		
6 Amount (\$) \$450,	7 Payee address; City; State; Zip Code 602 Parkway, Dryton 762	01	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Adversising (XPM)		n (If travel outside of Texas, complete Schedule T) y for Pass Hu Ban
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug	ht Office held
Date 8/01/2014	Payee name The Panhandle House		
Amount (\$)	Payee address; City; State; Zip Cod		
\$21.65	313 N. Locust, Donnon 762		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OVD duplication		o (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office soug	ht Office held
Date 8/20/2014	Payee name Creatur Grekos, LLC Payee address; City; State; Zip Cod		
Amount (\$)	Payee address; City; State; Zip Cod	le	
\$ 737.04	308 Highway 170, Farmington, M	VM 87401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	'	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office soug	
Date 8/7/2014	Payee name Alquemie Smdio		
Amount (\$)	Payee address; City; State; Zip Coo		
\$ 325.	karen @ alluemiestudio. a 720. 289. 5910		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adventuring Capeur		n (If travel outside of Texas, complete Schedule T) Otherign
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ght Office held
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS	SNEEDED

Gift/Awards/Memorials Expense

Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solic Food/Beverage Expense Trav Polling Expense Trav Printing Expense Office	ries/Wages/Contract Labor citation/Fundraising Expense el In District el Out Of District de Overhead/Rental Expense ains how to complete this f	Loan Repayment/Reimburs Transportation Equipment of Contributions/Donations M Candidate/Officeholder OTHER (enter a category form.	& Related Expense ade By 'Political Committee	
Total pages Schedule F:	2 FILER NAME PASS THE B	BAN	3 ACCOUNT # (Eth	ics Commission Filers)	
B/21/2014	1				
6/0/.99	Amount (\$) 7 Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Advanting express	s schedule) (b) Description (c) Re unburs	on (If travel outside of Texas, comp number for from M	lete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sou	ught	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	s schedule) Description	on (If travel outside of Texas, comp	elete Schedule T)	
Complete ONLY if direct expenditure to benefit C.		Office sou	ught	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	is schedule) Descripti	on (If travel outside of Texas, comp	olete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sou	ught	Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State;				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	is schedule) Descripti	on (If travel outside of Texas, comp	olete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C		Office so	ught	Office held	
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