

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: 12
3 COMMITTEE NAME VOTE YES FOR KELLER SCHOOLS		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1834 WINDSONG CIR KELLER TX 76248	Date Received
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI MR MATTHEW MUCKER	Date Hand-delivered or Postmarked
		NICKNAME LAST SUFFIX	Receipt# Amount
			Date Processed
			Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 1834 WINDSONG CIR KELLER TX 76248		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1834 WINDSONG CIR KELLER TX 76248		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 764-6385		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 26 / 14 THROUGH 10 / 25 / 14		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 14		
GOTO PAGE 2			

\$-25,890

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

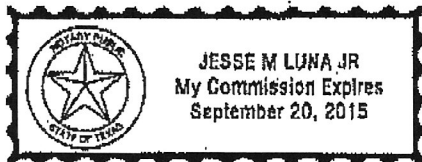
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Vote Yes For Keller Schools		ACCOUNT # (Ethics Commission File#)
13 COMMITTEE PURPOSE <small>(Attach lists on plain paper to complete this report if necessary.)</small>	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input checked="" type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small>	BALLOT IDENTIFICATION / #
	<input type="checkbox"/> ASSIST <small>(Officeholder)</small>	DESCRIPTION
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month / Day / Year _____ / _____ / _____ KELLER ISD BOND

14 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)	\$ 25,890 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,812 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,172 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Matthew Muehler this the 27 day of October, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Jesse Luna
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 Vote Yes For Keller Schools		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SHANE HARDIN	7 Amount of contribution (\$) 108⁰⁰	8 In-kind contribution description (if applicable)
8 Contributor address: City; State; Zip Code 3612 BRIDGE CT. KELLER TX 76244		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ERIS... HANNOFELD	Amount of contribution (\$) 2,500⁰⁰	In-kind contribution description (if applicable) Arch.
Contributor address: City; State; Zip Code 200 BAILEY AVE STE 200 FT WORTH 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandra Day - Peak	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 1404 Summit Ct Keller TX 76262		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beverly Dixon	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 408 Forest Lakes Ct Keller TX 76248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LINDA TRAPE	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 917 Greenbrier Dr Keller TX 76248		(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.

**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 VOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amanda Bigbee	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 306 Eastwood Drive Keller TX 76248		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID GERDA	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1485 S MAIN ST KELLER TX 76248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEREK SCHREIHOFFER	Amount of contribution (\$) 75⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9732 Armour Dr Keller TX 76244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY WEST	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 TULIP TREE DR FT WORTH 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM HALLFORD	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4209 Doe Crell Tr Keller TX 76244		(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.

**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 NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission File#)	
4 Date 10/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARA BRADSHAW	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code 9129 TIDBALL DR FT WORTH TX 76244		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RACHEL BASHAM	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 1557 SARAH BROOKS DR KELLER TX 76244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PETER STAMPS	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 11604 Phrasant Creek Dr Ft Worth TX 76244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CINDY DAVIS	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 7464 Teal Dr Ft Worth TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARGARET RIDGENT	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 1441 Page Keller TX 76244		(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.

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	
2 FILER NAME NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/24/14	5 Corporation / Labor Organization name VLK ARCHITECTS 6 Corporation / Labor Organization address; City; State; Zip Code 2821 W. 7th St, SUITE 308 FT WORTH TX 76107	7 Amount of contribution (\$) 5,000⁰⁰	8 In-kind contribution description (if applicable)
Date 9/29/14	Corporation / Labor Organization name POGUE CONSTRUCTION Corporation / Labor Organization address; City; State; Zip Code 1512 Bray Central Dr. Suite 300 McKinney TX 75069	Amount of contribution (\$) 5,000⁰⁰	In-kind contribution description (if applicable)
Date 9/25/14	Corporation / Labor Organization name TNP Corporation / Labor Organization address; City; State; Zip Code 1100 Macon St. Ft Worth TX 76102	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Date 9/29/14	Corporation / Labor Organization name CORGAN ASSOCIATES Corporation / Labor Organization address; City; State; Zip Code 401 N Houston St DALLAS TX 75202	Amount of contribution (\$) 4,000⁰⁰	In-kind contribution description (if applicable)
Date 9/29/14	Corporation / Labor Organization name NORTHSTAR BUILDERS GROUP Corporation / Labor Organization address; City; State; Zip Code 270 N DENTON TAP SUITE 256 COPELL TX 75019	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Date 10/8/14	Corporation / Labor Organization name CORGAN ASSOCIATES Corporation / Labor Organization address; City; State; Zip Code 401 N Houston St DALLAS TX 75202	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	
2 FILER NAME NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Files)	
4 Date 10/13/14	5 Corporation / Labor Organization name UNITED EDUCATORS ASSOCIATION INC.	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Corporation / Labor Organization address; City; State; Zip Code 4906 SE Loop 820 Suite 200 Ft Worth 76140		(If travel outside of Texas, complete Schedule T)	
Date 10/14/14	Corporation / Labor Organization name POGUE CONSTRUCTION	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code 1512 Bray Central Dr Suite 300 McKinney TX 75069		(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)	
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