

# SPECIFIC-PURPOSE COMMITTEE SPECIAL SESSION REPORT

# FORM SPAC-SS COVER SHEET PG 1

|   |   |                             |  |
|---|---|-----------------------------|--|
| <b>1</b> ACCOUNT #<br>(Ethics Commission filers)  |   | <b>2</b> Total pages filed: |  |
| <b>3</b> COMMITTEE NAME   |   | <b>OFFICE USE ONLY</b>      |  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                    | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  |                             | Date Received                          |
|   |   |                             | Date Hand-delivered or Date Postmarked |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI  | Receipt #                   | Amount                                 |
|   | NICKNAME                      LAST                      SUFFIX  | Date Processed              |  |
|   | Date Imaged   |                             |  |
| <b>6</b> CAMPAIGN TREASURER'S STREET ADDRESS<br>(Residence or business)                         | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE   |                             |  |
| <b>7</b> CAMPAIGN TREASURER'S MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX;                      APT / SUITE #;    CITY;    STATE;    ZIP CODE  |                             |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br><br>(       )   |                             |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year                      Month    Day    Year<br>/       /                      THROUGH                      /       / |                             |  |

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE SPECIAL SESSION REPORT

# FORM SPAC-SS COVER SHEET PG 2

|                   |                                      |
|-------------------|--------------------------------------|
| 10 COMMITTEE NAME | ACCOUNT # (Ethics Commission filers) |
|-------------------|--------------------------------------|

|  |                                       |   |               |  |  |       |     |      |   |   |   |
|--|---------------------------------------|---|---------------|--|--|-------|-----|------|---|---|---|
| <b>11 COMMITTEE PURPOSE</b><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input type="checkbox"/> SUPPORT<br>(Candidate or Measure)<br><br><input type="checkbox"/> OPPOSE<br>(Candidate or Measure)<br><br><input type="checkbox"/> ASSIST<br>(Officeholder) | <input type="checkbox"/> CANDIDATE    | CANDIDATE / OFFICEHOLDER NAME   |               |  |  |       |     |      |   |   |   |
|  | <input type="checkbox"/> OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  |               |  |  |       |     |      |   |   |   |
|  | <input type="checkbox"/> MEASURE      | BALLOT IDENTIFICATION / # <table style="float:right; margin-left: 20px;"> <tr> <td colspan="3">ELECTION DATE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>/</td> <td>/</td> <td>/</td> </tr> </table> | ELECTION DATE |  |  | Month | Day | Year | / | / | / |
|  | ELECTION DATE                         |   |               |  |  |       |     |      |   |   |   |
| Month  | Day                                   | Year  |               |  |  |       |     |      |   |   |   |
| /  | /                                     | /   |               |  |  |       |     |      |   |   |   |
|  | DESCRIPTION                           |   |               |  |  |       |     |      |   |   |   |

**12 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.

\_\_\_\_\_

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

|   |  |                                     |
|---|--|-------------------------------------|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|---|--|-------------------------------------|

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A:              |   |
| <b>2</b> FILER NAME  |  | <b>3</b> ACCOUNT # (Ethics Commission filers) |   |
| <b>4</b> Date  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>6</b> Contributor address; City; State; Zip Code | <b>7</b> Amount of contribution (\$)          | <b>8</b> In-kind contribution description (if applicable) |
| <b>(If travel outside of Texas, complete Schedule T)</b>         |  |   |   |
| <b>9</b> Principal occupation / Job title (See Instructions)     |  | <b>10</b> Employer (See Instructions)         |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                   | In-kind contribution description (if applicable)          |
| <b>(If travel outside of Texas, complete Schedule T)</b>         |  |   |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                   | In-kind contribution description (if applicable)          |
| <b>(If travel outside of Texas, complete Schedule T)</b>         |  |   |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                   | In-kind contribution description (if applicable)          |
| <b>(If travel outside of Texas, complete Schedule T)</b>         |  |   |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                   | In-kind contribution description (if applicable)          |
| <b>(If travel outside of Texas, complete Schedule T)</b>         |  |   |   |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |   |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

## SCHEDULE B-SS (FOR FORMS C/OH-SS AND SPAC-SS)

|  |  |   |  |
|--|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B-SS:           |  |
| <b>2</b> FILER NAME  |  | <b>3</b> ACCOUNT # (Ethics Commission filers) |  |
| <b>4</b> Date  | <b>5</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>6</b> Pledgor address; City; State; Zip Code | <b>7</b> Amount of pledge (\$)                | <b>8</b> In-kind description (if applicable) |
| <b>9</b> Principal occupation / Job title (See Instructions)     |  | <b>10</b> Employer (See Instructions)         |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Pledgor address; City; State; Zip Code                   | Amount of pledge (\$)                         | In-kind description (if applicable)          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Pledgor address; City; State; Zip Code                   | Amount of pledge (\$)                         | In-kind description (if applicable)          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Pledgor address; City; State; Zip Code                   | Amount of pledge (\$)                         | In-kind description (if applicable)          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Pledgor address; City; State; Zip Code                   | Amount of pledge (\$)                         | In-kind description (if applicable)          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                   |  |

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule T:              |
| <b>2</b> FILER NAME  |   | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |   |
| <b>5</b> Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T |   |   |
| <b>6</b> Dates of travel   | <b>7</b> Name of person(s) traveling  |   |
|  | <b>8</b> Departure city or name of departure location                               |   |
|  | <b>9</b> Destination city or name of destination location                           |   |
| <b>10</b> Means of transportation  | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |   |

|   |   |  |
|---|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T |   |  |
| Dates of travel   | Name of person(s) traveling   |  |
|   | Departure city or name of departure location                              |  |
|   | Destination city or name of destination location                          |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event) |  |

|   |   |  |
|---|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T |   |  |
| Dates of travel   | Name of person(s) traveling   |  |
|   | Departure city or name of departure location                              |  |
|   | Destination city or name of destination location                          |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event) |  |

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