

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  6									
<b>3 COMMITTEE NAME</b>  Denton First		<b>OFFICE USE ONLY</b>										
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> change of address		Date Received   Date Hand-delivered or Postmarked  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed  Date Imaged		Receipt #	Amount							
Receipt #	Amount											
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR                      FIRST                      MI  Mr.                      Marcus <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX  Watson										
<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> (residence or business)		STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE  Same as above										
<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> change of address		STREET OR PO BOX;                      APT / SUITE #;    CITY;    STATE;    ZIP CODE  same as above										
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE                      PHONE NUMBER                      EXTENSION  ( 940 ) 453-1270										
<b>9 REPORT TYPE</b>		<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>		<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
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	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination										
<b>10 PERIOD COVERED</b>		<table style="width:100%;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="width: 20%;"></td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">9 / 26 / 14</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">10 / 25 / 14</td> </tr> </table>		Month    Day    Year		Month    Day    Year	9 / 26 / 14	THROUGH	10 / 25 / 14			
Month    Day    Year		Month    Day    Year										
9 / 26 / 14	THROUGH	10 / 25 / 14										
<b>11 ELECTION</b>		<table style="width:100%;"> <tr> <td style="width: 30%;">                     ELECTION DATE                      Month    Day    Year                      11 / 4 / 14                 </td> <td>                     ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input checked="" type="checkbox"/> Special                 </td> </tr> </table>		ELECTION DATE Month    Day    Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special							
ELECTION DATE Month    Day    Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special											

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

**12 COMMITTEE NAME**  
Denton First

**ACCOUNT # (Ethics Commission Filers)**

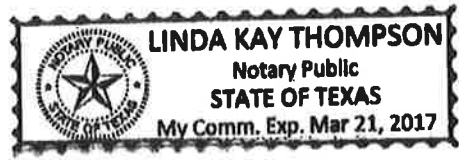
<b>13 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>
	<input type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b>
	<b>DESCRIPTION</b> Local Option Alcohol Petition	

**ELECTION DATE**  
 Month Day Year  
 11 / 4 / 14

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 386.68
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3127.60
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3514.28
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	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 Marcus Watson, this the 24th day of October, 20 14, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*      Linda Thompson      Notary  
 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Denton First		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/6/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey or Regina Barnes	7 Amount of contribution (\$) 20	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1636 Nightingale Lane Corinth, TX 76210		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
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)
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)
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)
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)
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 Denton First		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name Anderson Spector & Company PC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/6/14	6 Corporation / Labor Organization address; City; State; Zip Code 222 E Mckinney St., #100 Denton, TX 76201	500	
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Mulberry Street Collective, LLC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/14	Corporation / Labor Organization address; City; State; Zip Code 110 W Mulberry Street Denton, TX 76201	300	
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Anderson Spector & Company PC	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/14	Corporation / Labor Organization address; City; State; Zip Code 222 E Mckinney Street, #100 Denton, TX 76201	500	
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Little Guys Moving Systems Inc	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/14	Corporation / Labor Organization address; City; State; Zip Code 308 N Carroll Denton, TX 76201	1047.60	
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name BNS Entertainment	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/14	Corporation / Labor Organization address; City; State; Zip Code 2141 Breezy Road Krum, TX 76249	200	
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name ETEP Free, Inc.	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/14	Corporation / Labor Organization address; City; State; Zip Code dba Lucky Lous 1207 W Hickory Denton, TX 76201	360	
		(If travel outside of Texas, complete Schedule T)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 Denton First		3 ACCOUNT # (Ethics Commission Filers)	
4 Date  10/6/14	5 Corporation / Labor Organization name KJF LLC  6 Corporation / Labor Organization address; City; State; Zip Code 212 E Hickory Denton, TX 76201	7 Amount of contribution (\$)  200  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)    (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)    (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)    (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME Denton First	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10/6/14	<b>5</b> Payee name Texas Petition Strategies
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<b>6</b> Amount (\$) 3514.28	<b>7</b> Payee address; City; State; Zip Code 1201 W Abram Arlington, TX 76013
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Election Consulting
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<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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