

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: 13
3 COMMITTEE NAME PASS THE BAN		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1620 Victoria Dr., Denton, TX 76209		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SUFFIX MR Edward B. NICKNAME LAST SUFFIX ED SOPH		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1620 Victoria Dr., Denton, TX 76209		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1620 Victoria Dr., Denton, TX 76209		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 383-4693		
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"/> 6th 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 THROUGH Month Day Year 10 / 07 / 2014 THROUGH 10 / 27 / 2014		
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 / 04 / 2014		

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME PASS THE BAN **ACCOUNT # (Ethics Commission Filers)**

13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / # **ELECTION DATE**
Month Day Year
11 / 04 / 2014

DESCRIPTION For an ordinance banning hydraulic fracturing within Denton's city limits.

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>2,354.67</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>24,003.95</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,225.66</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>13,890.67</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Edward B. Sopn
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Sopn, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Rachel Chandler
Signature of officer administering oath

Rachel Chandler
Printed name of officer administering oath

notary
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: 6	
2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Amos Magliocco	7 Amount of contribution (\$) \$193.90	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3009 Broken Bow, Denton 76209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rhianon Price	Amount of contribution (\$) \$145.35	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1618 Kendolph Dr., Denton 76205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Morgan Goodwin	Amount of contribution (\$) \$96.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1541, Truckee, CA 96160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Benno Friedman	Amount of contribution (\$) \$970.70	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 120 Kellogg Rd., Sheffield, MA 01257		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Scott Andrews	Amount of contribution (\$) \$96.80	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3033 Guntry Club Rd, Denton 76210		(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: **6**

2 FILER NAME

PASS THE BAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/15/2014

5 Full name of contributor out-of-state PAC (ID#: _____)

Elen Sackett

7 Amount of contribution (\$)

\$96.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
319 Statley Oak Lane, Lake Dallas 75065

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/2014

Full name of contributor out-of-state PAC (ID#: _____)

William Moen

Amount of contribution (\$)

\$96.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
303 Mimosa Dr., Denton 76201

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor out-of-state PAC (ID#: _____)

Eugene Hargrove

Amount of contribution (\$)

\$405.20

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2025 Houston Pl., Denton 76201

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor out-of-state PAC (ID#: _____)

Bonnie Friedman

Amount of contribution (\$)

\$405.20

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1914 W. Oak, Denton 76201

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2014

Full name of contributor out-of-state PAC (ID#: _____)

Sharon Wilson

Amount of contribution (\$)

\$96.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
199 PR 2655, Decatur, TX 76234

(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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY MARKS	7 Amount of contribution (\$) \$242.95	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 606 Roberts St., Denton 76209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Fredericks	Amount of contribution (\$) \$96.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 810 W. Congress St., Denton 76201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genevieve E. Murphy	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1905 Whitefish Ct, Denton 76210		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little Jack Melody	Amount of contribution (\$) \$96.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2417 N. Locust, Denton 76209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Schermbrock	Amount of contribution (\$) \$96.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 253, Slaton, TX 79364		(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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME **Pass The BAN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/15/2014

5 Full name of contributor out-of-state PAC (ID#: _____)

Erin O'Toole

6 Contributor address; City; State; Zip Code

1208 N. Locust St., Denton 76201

7 Amount of contribution (\$) **\$96.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/21/2014

Full name of contributor out-of-state PAC (ID#: _____)

Ron Yako

Contributor address; City; State; Zip Code

7104 Chittamwood Dr. Denton 76208

Amount of contribution (\$) **\$485.20**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/21/2014

Full name of contributor out-of-state PAC (ID#: _____)

Christopher Hamilton

Contributor address; City; State; Zip Code

5521 Swiss Ave., Dallas 75214

Amount of contribution (\$) **\$96.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/24/2014

Full name of contributor out-of-state PAC (ID#: _____)

Sonya Whiddon

Contributor address; City; State; Zip Code

528 Roberts St., Denton 76209

Amount of contribution (\$) **\$100.**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/24/2014

Full name of contributor out-of-state PAC (ID#: _____)

Eugenia B. Davis

Contributor address; City; State; Zip Code

2021 Tremont, Denton 76205

Amount of contribution (\$) **\$200**

In-kind contribution description (if applicable)

(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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME: PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 10/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Elise M. Ridenour	7 Amount of contribution (\$): \$100.	8 In-kind contribution description (if applicable):
6 Contributor address; City; State; Zip Code: 2044 W. Oak St., Denton 76201		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Carl Mitcham	Amount of contribution (\$): \$100.	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code: 5461 W. 41st, Denver, CO 80212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Dale E. Yeatts	Amount of contribution (\$): \$500.	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code: 2001 Lariat Rd, Denton 76207		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Roger B. Speegle	Amount of contribution (\$): \$200.	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code: 1009 Denton St., Denton 76201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 10/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Earthworks	Amount of contribution (\$):	In-kind contribution description (if applicable): \$10,344.78
Contributor address; City; State; Zip Code: 1612 K Street, Suite 808, Wash., D.C. 20006			Postage for mailers
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS CAMPAIGN for the ENVIRONMENT	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$20. conversing
6 Contributor address; City; State; Zip Code 3303 Lee Parkway, Ste. 402, Dallas 75219		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denton Drilling Awareness Group	Amount of contribution (\$) \$6,000.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 805 Ector St., Denton 76201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 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.

1 Total pages Schedule F: 5		2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/2014		5 Payee name Sandy Mattox			
6 Amount (\$) \$50.-		7 Payee address; City; State; Zip Code P.O. Box 270697, Flower Mound, TX 75027			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Payment for robo-calls	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/17/2014		Payee name Jeff McClung			
Amount (\$) \$91.82		Payee address; City; State; Zip Code 2018 Longmeadow Ct., Denton 76209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event expense		Description (If travel outside of Texas, complete Schedule T) Racer for Day of the Dead Race 10/25	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/17/2014		Payee name Devin Taylor			
Amount (\$) \$15.40		Payee address; City; State; Zip Code 2710 Hinkle, Denton 76201			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event expense		Description (If travel outside of Texas, complete Schedule T) Racer for Day of the Dead 10/25	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/17/2014		Payee name Adam Briggli			
Amount (\$) \$30.09		Payee address; City; State; Zip Code 1315 Dartmouth Pl., Denton 76201			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food expense		Description (If travel outside of Texas, complete Schedule T) Pizza for racer builders	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 5	2 FILER NAME PASS THE BAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/10/2014	5 Payee name Facebook, Inc
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6 Amount (\$) \$762.50	7 Payee address; City; State; Zip Code Dept. 415, PO Box 10005, Palo Alto, CA 94303
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Page promotion
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/2014	Payee name White Noise Productions
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Amount (\$) \$200.-	Payee address; City; State; Zip Code 4229 Meta Drive, Ste. 100, Denton 76207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Sound for 10/20 rally
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/22/2014	Payee name A & A Copies (Copy Pro)
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Amount (\$) \$94.29	Payee address; City; State; Zip Code 1300 Hickory, Denton 76201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) copying expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23/2014	Payee name A & A Copies (Copy Pro)
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Amount (\$) \$67.12	Payee address; City; State; Zip Code 1300 Hickory, Denton 76201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Flyers
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F: 5		2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23/2014		5 Payee name Denton Record Chronicle			
6 Amount (\$) \$1,059.16		7 Payee address; City; State; Zip Code 314 E. Hickory, Denton 76201			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) AA	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/24/2014		Payee name Earthworks			
Amount (\$) \$ 5966.24		Payee address; City; State; Zip Code 1612 K St. NW, Ste 808, Washington, DC 20006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Post card mailers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/25/2014		Payee name Sandy Mattox			
Amount (\$) \$ 50.00		Payee address; City; State; Zip Code P.O. Box 270697, Flower Mound, TX 75027			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Robo-calls	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		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/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME PASS THE BAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/7/2014	5 Payee name Eagle Wheeler
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6 Amount (\$) \$2130.36	7 Payee address; City; State; Zip Code 733 Ft. Worth Drive, Denton 76201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/2014	Payee name Denton Record Chronicle
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Amount (\$) \$1,059.16	Payee address; City; State; Zip Code 314 E. Hickory, Denton 76201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) ad <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 10/13/2014	Payee name UNT Daily
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Amount (\$) \$1725.00	Payee address; City; State; Zip Code P.O. Box 311241, Denton 76203-1241
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) ads <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 10/15/2014	Payee name Denton Record Chronicle
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Amount (\$) \$209.79	Payee address; City; State; Zip Code 314 E. Hickory, Denton 76201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) ad <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5</u>		2 FILER NAME <u>PASS THE BAN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/16/2014</u>		5 Payee name <u>Denton Record Chronicle</u>			
6 Amount (\$) <u>\$ 1059.16</u>		7 Payee address; City; State; Zip Code <u>314 E. Hickory, Denton 76201</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertising</u>		(b) Description (if travel outside of Texas, complete Schedule T) <u>ad</u> <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	
Date <u>10/17/2014</u>		Payee name <u>Cooper's</u>			
Amount (\$) <u>\$ 259.80</u>		Payee address; City; State; Zip Code <u>1024 Dallas Dr., Denton 76205</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising</u>		Description (if travel outside of Texas, complete Schedule T) <u>campaign banner</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/17/2014</u>		Payee name <u>The Ghost Note</u>			
Amount (\$) <u>\$ 130.</u>		Payee address; City; State; Zip Code <u>120 W. Oak St, Denton 76201</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event expense</u>		Description (if travel outside of Texas, complete Schedule T) <u>instrument rental for rally</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>10/14/2014</u>		Payee name <u>United Site Services</u>			
Amount (\$) <u>\$ 275.69</u>		Payee address; City; State; Zip Code <u>P.O. Box 660475, Dallas, TX 75266-0475</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Event expense</u>		Description (if travel outside of Texas, complete Schedule T) <u>Toilet rental for 10/20 rally</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED