

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: 15
3 COMMITTEE NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & KEEP GRAPEVINE GREAT		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 907 GRAPEVINE TX 76099-0907	Date Received JUL 08 2013 2:39 PM MB
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI MR. MICHAEL B NICKNAME LAST SUFFIX MIKE MORRIS SR	Date Hand-delivered or Postmarked 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 849 N RIVERSTIDE DR GRAPEVINE TX 76051	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 907 GRAPEVINE TX 76099-0907	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 481-3706	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" 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 05 / 02 / 13 6 / 30 / 13	
11 ELECTION		ELECTION DATE Month Day Year 05 / 11 / 13	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

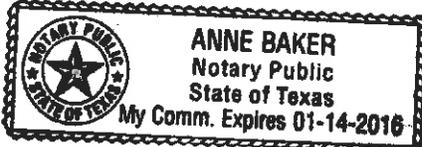
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS' ^{KEEP} GARRINE GRANT		ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> CANDIDATE <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 05 / 11 / 13
DESCRIPTION ADD TERM LIMITS TO CITY OF GARRINE ELECTION OFFICES		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ϕ
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,640.62
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ ϕ
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,134.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6361
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ ϕ

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.



[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL MORRIS, this the 8th day of JULY, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

ANNE BAKER
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:

1 of 2

2 FILER NAME

CITIZENS TO PRESERVE LOCAL VETERANS & RESERVE GREAT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/2/13

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

STEVE MURRIN JR

6 Contributor address; City; State; Zip Code

500 NE 23RD ST FORT WORTH TX 76164

7 Amount of contribution (\$)

\$5000.00

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

5/2/13

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

JESS M DANIEL, JODY M DANIEL

Contributor address; City; State; Zip Code

1206 BELLAIRE DR GRAPEVINE TX 76051

Amount of contribution (\$)

\$5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/13

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

SHARRON SPENCER

Contributor address; City; State; Zip Code

3214 WINTERGREEN TERRACE GRAPEVINE TX 76051

Amount of contribution (\$)

\$5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/13

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

JERRY HODGE

Contributor address; City; State; Zip Code

200 S MAIN ST GRAPEVINE TX 76051

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/13

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

BILL TATE

Contributor address; City; State; Zip Code

1200 S MAIN ST GRAPEVINE TX 76051

Amount of contribution (\$)

\$2000.00

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

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: <u>2 OF 2</u>	
2 FILER NAME <u>CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & KEEP GARRETT'S GREAT</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/13/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>RICHARD E JONES</u>	7 Amount of contribution (\$) <u>\$200.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3105 CEDARPOINT DR GARRETT TX 76051</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/13/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DENNIS P. SLECHTA TTEE</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>351 E HODGINS ST GARRETT TX 76051</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/14/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>BENNETH SCHWITZER</u>	Amount of contribution (\$) <u>\$2500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2100 MCKINNEY AVE STE 1760 DALLAS TX 75201</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/30/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>SHARRON SPENCER</u>	Amount of contribution (\$) <u>\$1,140.62</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3214 WINTER GREEN TERRACE GARRETT TX</u>		(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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: LOE 1	
2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS / REP GRAYSON GREAT		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: 4 ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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#: _____) 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#: _____) 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#: _____) 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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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:

1 of 1

2 FILER NAME

CITIZENS FOR BETTER LOCAL VOTER RIGHTS & REEF GRAPEVINE GREAT

3 ACCOUNT # (Ethics Commission Files)

4 Date

5/2/13

5 Corporation / Labor Organization name

MTB MORRIS & ASSOCIATES INC
dba THE TELEPHONE CONNECTION

6 Corporation / Labor Organization address; City; State; Zip Code

PO Box 907 GRAPEVINE TX
76099-0907

7 Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

Date

5/13/13

Corporation / Labor Organization name

GAYLORD ENTERTAINMENT CO

Corporation / Labor Organization address; City; State; Zip Code

2806 GRYLAND DR NASHVILLE TN
37214-1209

Amount of contribution (\$)

\$500000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Date

5/16/13

Corporation / Labor Organization name

CITIZENS FOR A BETTER GRAPEVINE

Corporation / Labor Organization address; City; State; Zip Code

1607 SNAPPARRAL CT GRAPEVINE TX
76051

Amount of contribution (\$)

\$50000

(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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The Instruction Guide explains how to complete this form.

1 Total pages Schedule D:

1 OF 1

2 FILER NAME

CITIZENS TO PRESERVE LOCAL VOTER RIGHTS / REED SPAVINE GRAT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of pledge (\$)

8 In-kind description (if applicable)

6 Corporation / Labor Organization address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

Amount of pledge (\$)

In-kind 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 pledge (\$)

In-kind 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 pledge (\$)

In-kind 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 pledge (\$)

In-kind 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 pledge (\$)

In-kind 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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & ^{KEEP} GARDEN TREAT		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 5/2/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS D. ROBERTS	9 Loan Amount (\$) \$5000.00
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 308 DREXEL DR GARLAND TX 76051	10 Interest rate 0
12 Principal occupation / Job title (See Instructions) RETIRED		11 Maturity date 5/31/13
13 Employer (See Instructions)		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
20 Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: 1 of 2	2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS REEP GARVIN GREAT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/3/13	5 Payee name THE EPRSTEIN GROUP
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6 Amount (\$) \$25,250.00	7 Payee address; City; State; Zip Code 4055 INTERNATIONAL PLACE STE 608 FORT WORTH TX
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8 PURPOSE OF EXPENDITURE CONSULTING EXPENSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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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 5/8/13	Payee name PRITCHETT CAMPAIGN STRATEGIES
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Amount (\$) \$45.20	Payee address; City; State; Zip Code 2838 BRANTS FORT WORTH TX 76116
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PURPOSE OF EXPENDITURE ADVERTISING EXPENSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	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 ONLY 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 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/Ranking | 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: 2 of 2 2 FILER NAME: CITIZENS TO PRESERVE LOCAL VOTER RIGHTS, ^{Rep} ~~PREVENT~~ 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 5/14/13 5 Payee name: NJ GRAPHICS

6 Amount (\$): \$1,802.80 7 Payee address; City; State; Zip Code: 203 WORTH ST GRAPEVINE TX 76051

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): PRINTING EXPENSE (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 5/17/13 Payee name: THE EPSTEIN GROUP

Amount (\$): \$5000.00 Payee address; City; State; Zip Code: 4055 INTERNATIONAL PLACE STE 608 FORT WORTH TX

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): CONSULTING EXPENSE 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:

Date: 5/31/13 Payee name: DENNIS D ROBERTS

Amount (\$): \$5000.00 Payee address; City; State; Zip Code: 308 DREXEL DR NE GRAPEVINE TX 76051

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): LOAN REPAYMENT/REIMBURSEMENT 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:

Date: 6/3/13 Payee name: PRITCHETT CAMPAIGN STRATEGIES

Amount (\$): \$36.39 Payee address; City; State; Zip Code: 6838 BRANTS FORT WORTH TX 76116

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE 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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1 of 1	2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & GARDEN DIST	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 OF 1		2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & PRIVILEGES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name Keep			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The Instruction Guide explains how to complete this form.

1 Total pages Schedule J:

1 OF 1

2 FILER NAME

CITIZENS TO PRESERVE LOCAL VOTER RIGHTS / PEEP GARRETT GREAT

3 ACCOUNT # (Ethics Commission Filers)

4 Date Returned

5 Original payee name

7 Amount Returned (\$)

6 Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

CITIZENS TO PRESERVE LOCAL VOTER RIGHTS / REP. STAVINE GREAT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 OF 1
2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & REED GARRETT'S GREAT		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <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 <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <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 <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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: <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 <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME

2 ACCOUNT # (Ethics Commission Filers)

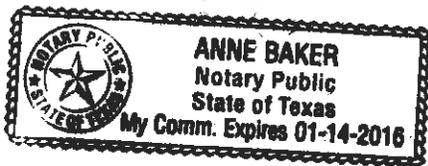
CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & KEEP GOVERNANCE GREAT

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL MORRIS, this the 8th day of JULY, 2013, to certify which, witness my hand and seal of office.

Anne Baker
Signature of officer administering oath

ANNE BAKER
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath