

**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: 6	
3 COMMITTEE NAME CITIZENS FOR FAIR BOND ELECTIONS		<div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</p> <p>Date Received: MAY 02 2014</p> <p>By: <i>DLB</i></p> </div>		
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 18626 PARTNERS VOICE DR. CYPRESS, TX 77433			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. DAVID M NICKNAME LAST SUFFIX WILSON			
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAME			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (580) 749-9020			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month Day Year Month Day Year 04 / 02 / 2014 THROUGH / /			
11 ELECTION	ELECTION DATE Month Day Year 05 / 10 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME CITIZENS FOR FAIR BOND ELECTIONS **ACCOUNT # (Ethics Commission Filers)**

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OFFICEHOLDER	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 05/10/2014
<input checked="" type="checkbox"/> MEASURE	DESCRIPTION <u>CFISD BOND REFERENDUM</u>	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 140 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 902 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 949 ⁷²
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.

David M. Wilson
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Wilson, this the 2nd day of May, 20 14, to certify which, witness my hand and seal of office.

Donna L. Blowey
Signature of officer administering oath

Donna L. Blowey
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: 1 of 3	
2 FILER NAME CITIZENS FOR FAIR BOND ELECTIONS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID M. WILSON	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 18626 PARTNERS VOICE DR. CYPRESS, TX 77433		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ENGINEER		10 Employer (See Instructions)	
Date 4/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS A. BAZAN	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14722 WIND CAVELANE HOUSTON, TX 77040-1459		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUEEN VERA	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18130 CADBURY HOUSTON, TX 77084		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions)	
Date 4/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY HORSLEY	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5619 BEAR MEADOWLANE KATY, TX 77449		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) STAY AT HOME MOM		Employer (See Instructions)	
Date 4/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON COMSTOCK	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9907 GOLDENGLADE HOUSTON, TX 77064		(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: 2 of 3	
2 FILER NAME CITIZENS FOR FAIR BOND ELECTIONS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN COMSTOCK	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9907 GOLDENGLADE HOUSTON, TX 77064		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES FIELDS	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16413 ST. HELIER JERSEY VILLAGE, TX 77040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) IT ANALYST		Employer (See Instructions)	
Date 4/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM C. WILSON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7710 HIDDEN OAKS LANE HOUSTON, TX 77095		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 4/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLOTTE LAMPE	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11110 N. ELDRIDGE PARKWAY HOUSTON, TX 77065		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM BAZAN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14722 WINDCAVE LANE HOUSTON, TX 77040		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **3 of 3**

2 FILER NAME **CITIZENS FOR FAIR BOND ELECTIONS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILIP OWENS	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$100.00 FACEBOOK PROMOTIONS
6 Contributor address; City; State; Zip Code 10231 GLENFIELD PARK LANE HOUSTON, TX 77070		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **CAMPAIGN MANAGER** 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)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 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:	2 FILER NAME CITIZENS FOR FAIR BOND ELECTIONS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/12/2014	5 Payee name OFFICE DEPOT
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6 Amount (\$) \$25.33	7 Payee address; City; State; Zip Code 25821 HIGHWAY 290 CYPRESS, TX 77429
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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) COPIES
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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 4/26/14	Payee name OFFICE DEPOT
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Amount (\$) \$64.95	Payee address; City; State; Zip Code 25821 HIGHWAY 290 CYPRESS, TX 77429
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) COPIES
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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
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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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