

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:**3 COMMITTEE NAME**

CITIZENS FOR FAIR BOND ELECTIONS

OFFICE USE ONLY

Date Received

APR 08 2014

DB

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

 change of address18626 PARTNERS VOICE DR
CYPRESS, TX 77433

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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

18626 PARTNER VOICE DR.
CYPRESS, TX 77433**7 CAMPAIGN TREASURER'S MAILING ADDRESS**

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

SAME

 change of address**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION

(500) 749-9026

9 REPORT TYPE

- January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

3 / 21 / 2014

THROUGH

Month Day Year

4 / 2 / 2014

11 ELECTION

ELECTION DATE

Month Day Year

5 / 10 / 2014

ELECTION TYPE

- Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

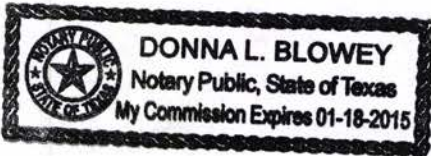
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME CITIZENS FOR FEAR BOND ELECTIONS	ACCOUNT # (Ethics Commission Filers)
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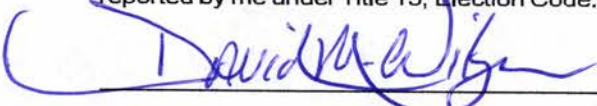
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / #
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month Day Year 5 / 10 / 2014
	DESCRIPTION CFISD BOND REFERENDUM	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 38 ¹⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 38 0 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 38 ¹⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 38 ¹⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 ⁰⁰

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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Wilson, this the 8th day of April, 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 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	2 FILER NAME DAVID M. WILSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/21/2014	5 Payee name OFFICE DEPOT
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6 Amount (\$) 38 ¹⁰	7 Payee address; City; State; Zip Code CYPRESS, TX
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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)
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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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED