

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **5**

3 COMMITTEE NAME

FLOWER MOUND RISING

OFFICE USE ONLY

RECEIVED

Date Received

JUN 17 2021

7:26
2021

Town of Flower Mound
TOWN SECRETARY'S OFFICE

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

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

Change of Address

4100 BROADWAY #1111
FLOWER MOUND, TX 75028

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

MR. PAUL P

NICKNAME LAST SUFFIX

STONE

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

SAME AS ABOVE

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Change of Address

SAME AS ABOVE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

() 214-325-8632

9 REPORT TYPE

- January 15 30th day before election Exceeded Modified Reporting Limit
 July 15 8th day before election Dissolution Report (Attached PAC-FR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 5 / 27 / 21 THROUGH 6 / 17 / 21

11 ELECTION

ELECTION DATE
Month Day Year

6 / 5 / 21

ELECTION TYPE

- Primary Runoff Other
 General Special

Description MAYORAL

GO TO PAGE 2

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

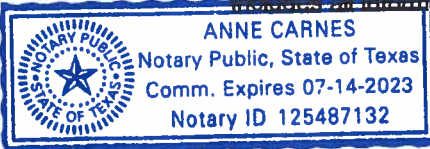
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME FLOWER MOUND RISING **13 Filer ID (Ethics Commission Filers)**

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	<input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ <u>91.56</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and that the information required to be reported by me under Title 16, Election Code.

 Paul Stone
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAUL STONE, this the 17 day of June, 2021, to certify which, witness my hand and seal of office.

Anne Carnes ANNE CARNES NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____ (street) _____ (city) _____ (state) (zip code)(country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____
 (month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 91.36
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME FLOWER MOUND RISING	3 Filer ID (Ethics Commission Filers)
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4 Date 6/14/21	5 Payee name DEREK FRANCE CAMPAIGN
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6 Amount (\$) 91.36	7 Payee address; City; State; Zip Code 2908 PIONEER PARK DR FLOWER MOUND TX 75022
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description ASSIST WITH CAMPAIGN EXPENSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 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
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> 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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> 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 COMMITTEE
STATEMENT 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

FLOWER MOUND RISING

2 Filer ID (Ethics Commission Filers)

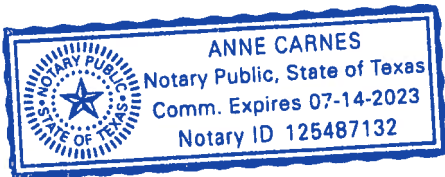
3 Statement of Dissolution

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**



Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAUL STONE, this the 17 day of JUNE, 20 21, to certify which, witness my hand and seal of office.

Anne Carnes Signature of officer administering oath
ANNE CARNES Printed name of officer administering oath
NOTARY PUBLIC Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state) (zip code)(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)