

**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: <div style="text-align: center; font-size: 2em;">6</div>
3 COMMITTEE NAME <div style="font-size: 1.5em; text-align: center;">Citizens for Lovejoy</div>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1008 Montgomery Place Lucas, Tx 75002</div>		Date Received <div style="font-size: 1.2em;">10/26/2013 Rec'd CBooker</div>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.2em;">Mrs Holly J</div>		Date Hand-delivered or Postmarked
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1008 Montgomery Place Lucas TX 75002</div>		Receipt# Amount
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1008 Montgomery Place Lucas Tx 75002</div>		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(469) 742-0460</div>		Date Imaged
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 <div style="font-size: 1.2em;">09 / 27 / 2013 THROUGH 10 / 26 / 2013</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 5 / 2013</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

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

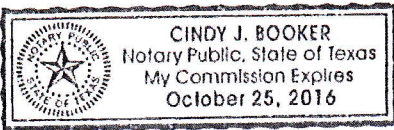
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Citizens for Lovejoy ACCOUNT # (Ethics Commission Filers)

13 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 type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>11 / 5 / 2013</u> DESCRIPTION <u>Lovejoy ISD Bond Election Proposition</u>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>538⁰⁰/_{XX}</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6338⁰⁰/_{XX}</u> <i>APR</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3050.⁸⁶/_{XX}</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3387.14</u> <i>APR</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Holly J. Roforth
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Holly J. Roforth, this the 28th day of October, 20 13, to certify which, witness my hand and seal of office.

Cindy J. Booker Cindy J. Booker Notary
Signature of officer administering oath Printed name of officer administering oath 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: Citizens for Lovejoy	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 10/24/13	5 Payee name: Graphics Management
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6 Amount (\$): 3050.86	7 Payee address; City; State; Zip Code: 9322 Moss Trail, Dallas, TX 75231
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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): signs
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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		
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	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

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

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

2 FILER NAME

Citizens for Lovejoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/27/13

5 Corporation / Labor Organization name

Tom Grisak Estate Homes
Realtors, Inc.

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

1190 Ramsay Drive
Allen TX 75002

7 Amount of contribution (\$)

1000⁰⁰
xx

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

0

Date

10/8/13

Corporation / Labor Organization name

P.B.K. Inc.

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

11 Greenway Plaza #2200
Houston, TX 77046

Amount of contribution (\$)

2500⁰⁰
xx

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

0

Date

10/23/13

Corporation / Labor Organization name

Pogue Construction

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

1512 Bray Central Dr
McKinney TX 75069

Amount of contribution (\$)

1500⁰⁰
xx

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

0

Date

Corporation / Labor Organization name

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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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: 2

2 FILER NAME: Citizens for Lovejoy 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>10/3/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Barrett Owens</u>	7 Amount of contribution (\$) <u>200⁰⁰/_{xx}</u>	8 In-kind contribution description (if applicable) <u>—</u>
	6 Contributor address; City; State; Zip Code <u>PO Box 1396, Allen, TX 75013</u>	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>10/3/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jenny Weidner</u>	Amount of contribution (\$) <u>100⁰⁰/_{xx}</u>	In-kind contribution description (if applicable) <u>—</u>
	Contributor address; City; State; Zip Code <u>606 W McDermott Dr Allen TX 75013</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Sales - insurance Employer (See Instructions)

Date <u>10/3/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carrie Gallagher</u>	Amount of contribution (\$) <u>500⁰⁰/_{xx}</u>	In-kind contribution description (if applicable) <u>—</u>
	Contributor address; City; State; Zip Code <u>1001 Country Trail Fairview TX 75069</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/1/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Elizabeth Hansen</u>	Amount of contribution (\$) <u>100⁰⁰/_{xx}</u>	In-kind contribution description (if applicable) <u>—</u>
	Contributor address; City; State; Zip Code <u>500 Lakewood Drive Fairview TX 75069</u>	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/4/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Glenn Gifford</u>	Amount of contribution (\$) <u>100⁰⁰/_{xx}</u>	In-kind contribution description (if applicable) <u>—</u>
	Contributor address; City; State; Zip Code <u>1011 Patrician Court Fairview TX 75069</u>	(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: 2	
2 FILER NAME Citizens for Lovejoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/1/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Casey	7 Amount of contribution (\$) 100⁰⁰xx	8 In-kind contribution description (if applicable) 0
6 Contributor address; City; State; Zip Code 1221 Camino Real Fairview TX 75069		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angela Adamson	Amount of contribution (\$) 500⁰⁰xx	In-kind contribution description (if applicable) 0
Contributor address; City; State; Zip Code 900 Murdoch Lane Lucas TX 75002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jimmy James	Amount of contribution (\$) 100⁰⁰xx	In-kind contribution description (if applicable) 0
Contributor address; City; State; Zip Code 760 Creekwood Dr South Fairview TX 75069		(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)	

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