

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)

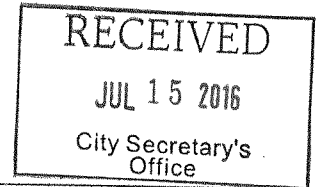
2 Total pages filed:
5

3 COMMITTEE NAME

Grapevine Citizens for Total Wine + More

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

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

P.O. Box 195892 Dallas TX 75219

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Ms. Drew

NICKNAME LAST SUFFIX

Campbell

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

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

2215 Cedar Springs Dallas TX 75201

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Same as Comte.

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 850 - 9395

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 Month Day Year

2 / 13 / 16 THROUGH 6 / 30 / 16

11 ELECTION

ELECTION DATE

Month Day Year

11 / 8 / 16

ELECTION TYPE

- Primary Runoff Other Description
 General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
Grapevine Citizens for Total Wine & More

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

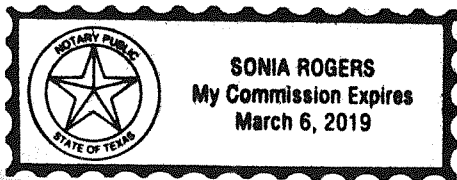
BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year
11 / 8 / 16

DESCRIPTION
Local Option Alcohol Election

| | | |
|-------------------------|---|--|
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 225,200.00 <i>225,200.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 225,200.00 <i>225,200.00</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *James Campbell*, this the *15th* day of *July*, 20 *16*, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
SONIA ROGERS Printed name of officer administering oath
NOTARY PUBLIC Title of officer administering oath

SUBTOTALS - SPAC

17 COMMITTEE NAME

GRAPEVINE CITIZENS FOR TOTAL WINE & MORE

18 Filer ID (EMCS 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 checked="" type="checkbox"/> | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 28,200.00 |
| 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 | \$ 225,200.00 |
| 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 | \$ |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1: 1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

2/13/16

Total Wine & More

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

11325 Seven Locks Rd Ste. 214

Potomac, MD 20854

\$65,000.00

Date

Corporation / Labor Organization name

Amount of contribution (\$)

5/6/16

Total Wine & More

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

11325 ~~Potomac~~ Seven Locks Rd. Ste. 214

Potomac, MD 20854

\$160,200.00

Date

Corporation / Labor Organization name

Amount of contribution (\$)

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

Date

Corporation / Labor Organization name

Amount of contribution (\$)

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

Date

Corporation / Labor Organization name

Amount of contribution (\$)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 GRAPVINE CITIZENS FOR TOTAL WINE + MORE 3 Filer ID (Ethics Commission Filers)

4 Date 2/13/16 5 Payee name Taylor Petition Management

6 Amount (\$) \$65,000.00 7 Payee address; City; State; Zip Code 1069 Glenary Pl. Colorado Springs CO 80921

8 PURPOSE OF EXPENDITURE Local Option Petition Expenses
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date 5/6/16 Payee name Taylor Petition Management

Amount (\$) \$160,200.00 Payee address; City; State; Zip Code 1069 Glenary Pl. Colorado Springs, CO 80921

PURPOSE OF EXPENDITURE Local Option Petition Expenses
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED