

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME SUPPORT THE SWAP 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 type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME —
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) —
<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <u>PROPOSITION A</u>	ELECTION DATE Month <u>8</u> Day <u>8</u> Year <u>2018</u>
	DESCRIPTION <u>KISD TRE</u>	

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)	\$ <u>1750</u> ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1034</u> ⁵⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>715</u> ⁴⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

16 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 45, Election Code.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Mucker, this the 31st day of August, 2018, to certify which, witness my hand and seal of office.

[Signature] Steven P Matsumoto Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME SUPPORT THE SWAP		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1250 ⁰⁰
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		\$ 500 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		\$ 1034.56
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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/3

2 FILER NAME
SUPPORT THE SWAP

3 Filer ID (Ethics Commission Filers)

4 Date
8/13/18

5 Full name of contributor out-of-state PAC (ID#: _____)
MATT STRONG

7 Amount of contribution (\$)
200⁰⁰

6 Contributor address; City; State; Zip Code
345 HOFFMAN BLUFF 76248

8 Principal occupation / Job title (See Instructions)
MANAGER

9 Employer (See Instructions)
BNSF

Date
8/13/18

Full name of contributor out-of-state PAC (ID#: _____)
DAVID GERDA

Amount of contribution (\$)
250⁰⁰

Contributor address; City; State; Zip Code
700 NORTHERN TRAIL KELLER 76248

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
FURNITURE EXPERTS LLC

Date
8/20/18

Full name of contributor out-of-state PAC (ID#: _____)
FELIX MIRA

Amount of contribution (\$)
100⁰⁰

Contributor address; City; State; Zip Code
1809 IMPERIAL SPRINGS DR 76248

Principal occupation / Job title (See Instructions)
COO/MANAGING DIRECTOR

Employer (See Instructions)
RE/MAX HERITAGE

Date
8/20/18

Full name of contributor out-of-state PAC (ID#: _____)
LARRY WEST

Amount of contribution (\$)
100⁰⁰

Contributor address; City; State; Zip Code
2700 TULIP TREE DR 76137

Principal occupation / Job title (See Instructions)
Teacher Advocate

Employer (See Instructions)
UNITED EDUCATORS ASS'N

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/3

2 FILER NAME

SUPPORT THE SWAP

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

JEFFREY SWEARINGEN

6 Contributor address;

City; State; Zip Code

2025 TWINFLOWER DR

76244

7 Amount of contribution (\$)

90⁰⁰

8 Principal occupation / Job title (See Instructions)

FINANCIAL ADVISOR

9 Employer (See Instructions)

UTICA FINANCIAL

Date

8/20/18

Full name of contributor

out-of-state PAC (ID#: _____)

~~XXXXXXXXXX~~ JASON STELZER

Contributor address;

City; State; Zip Code

112 CHARLESTON CT

76248

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

PARADIGM ENERGY PARTNERS LLC

Date

8/20/18

Full name of contributor

out-of-state PAC (ID#: _____)

~~UNITED EDUCATORS ASSN~~

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/18

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID GERDA

Contributor address;

City; State; Zip Code

700 NORTHERN TRACE

76248

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

FURNITURE EXPERTS LLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3/3

2 FILER NAME **SUPPORT THE SWAP** 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTHEW MUCKER	7 Amount of contribution (\$) 60⁰⁰
	6 Contributor address; City; State; Zip Code 1834 WINDSONG CIR 76248	

8 Principal occupation / Job title (See Instructions) DATA ANALYST	9 Employer (See Instructions) AT&T
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 8/27 LAURA SWEARINEN	Amount of contribution (\$) 100⁰⁰
	Contributor address; City; State; Zip Code 2625 TWINFLOWER DR 76244	

Principal occupation / Job title (See Instructions) CLAIMS TEAM LEAD	Employer (See Instructions) STATE FARM
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: 1/1	
2 FILER NAME SUPPORT THE SWAP		3 Filer ID (Ethics Commission Filers)	
4 Date 8/20	5 Corporation / Labor Organization name UNITED EDUCATORS ASSOCIATION	7 Amount of Contribution \$ 500⁰⁰	8 In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code 9506 RAY WHITE RD 76244	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

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:	2 FILER NAME SUPPORT THE SWAP	3 Filer ID (Ethics Commission Filers)
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4 Date 8/21	5 Payee name PRINT PLACE. COM
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6 Amount (\$) 539.56	7 Payee address; City; State; Zip Code 1130 AVE H EAST ARLINGTON TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 8/24	Payee name JP'S PRINT SHOP
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Amount (\$) 450 ⁰⁰	Payee address; City; State; Zip Code 2131 RUFF SNOW DR KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10	Payee name TARRANT COUNTY CLERK
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Amount (\$) 20 ⁰⁰	Payee address; City; State; Zip Code 200 TAYLOR ST FT WORTH 76196
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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