APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA

lf y	See S rou are involved in a Sch BEFORE	1 Total pages filed:				
2	COMMITTEE NAME	Our Kids Dream	OFFICE USE ONLY			
3	COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE 4236 Jenny Lake Trail Fort Worth, Texas 76244	Date Received			
4	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI JOdi NICKNAME LAST SUFFIX	Date Hand-delivered or Postmarked			
5	CAMPAIGN	Snow STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Receipt# Amount\$			
J	TREASURER STREET ADDRESS (residence or business)	4236 Jenny Lake Trail Fort Worth, Texas 76244	Date Processed Date Imaged			
6	MAILING ADDRESS X same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 465 - 9642				
8	PERSON APPOINTING TREASURER	FIRST MI LAST	SUFFIX			
9	SIGNATURE		ts and that I may be subject to			
10	ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST	SUFFIX			
11	ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE N/A				
12	ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (N/A)				
	CONTINUE ON PAGE 2					

SPECIFIC-PURPOSE COMMITTEE:

PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA PG 2

13 COMMITTEE NAME					
Our Kids Dream					
14 COMMITTEE	CANDIDATE / OFFICEHOLDER NAME				
PURPOSE [X] SUPPORT CANDIDATE	Kris Kittle and Pilar Fraser				
OPPOSE CANDIDATE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)				
ASSIST OFFICEHOLDER	Keller ISD Trustee Place 2 and 3				
	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE			
SUPPORT MEASURE		Month Day Year			
OPPOSE MEASURE	DESCRIPTION				
15 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.				
••This declaration must be filed no later than the 30th day before the first election to which the declaration applies.					
	••The modified reporting declaration is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)				
	contributions or make more than \$500 in political filing fees) in connection with any future election The committee understands that if either one of t	The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.			
	Year of election(s) or election cycle to Signature which declaration applies	of Campaign Treasurer			
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED			

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

TI	The SPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 4						
3	COMMITTEE NAME	OMMITTEE NAME				OFFICE USE ONLY	
	Our Kids Dream					Date Received	
4	COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 4236 Jenny Lake Trai Fort Worth, Texas 76		STATE;	ZIP CODE		
						Date Hand-delivered	or Date Postmarked
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Jod	i		MI	Receipt #	Amount \$
		nickname last Snc	DW		SUFFIX	Date Processed Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE 4236 Jenny Lake Trai Fort Worth, Texas 762	l	#; CITY;	STATE;	ZIP CODE	
7	CAMPAIGN TREASURER MAILING ADDRESS Change of Address	street address or po box; 4236 Jenny Lake Trai Fort Worth, Texas 762		#; CITY;	STATE;	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 465 - 9642					
9	REPORT TYPE	January 15 X	30th day befor 8th day befor Runoff			Exceeded \$500 limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination	
10	PERIOD COVERED	Month Day Yea		71.70.101.		Month Day	Year
		04 / 04 / 20)19	THROUGH		04 / 04	/ 2019
11	ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019	Primary [Runoff [Other Description	:	
GO TO PAGE 2							

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Our Kids Dream			13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE				
(Attach lists on plain paper to complete this report if necessary.)	X CANDIDATE	Kris Kittle and Pilar Fraser		
X SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate)/OFFICE HELD (officer Keller ISD Trustee Place 2 and		
OPPOSE (Candidate or Measure)				
ASSIST	MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year		
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		1.70 (1)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 500.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ITEMIZED \$ 0	
	4. TOTAL POLITICAL EXPENDITURES		\$ O	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTII	CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 500.00	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	\$ 0	
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. AFFIX NOTARY STAMP / SEALABOVE 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				
Sworn to and subscribed before me, by the said <u>JOOL SMOW</u> , this the <u>4</u> day of <u>Ceptil</u> , 20 <u>19</u> , to certify which, witness my hand and seal of office.				
Manual Gl Montembyor Motors 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 18 Filer ID (Ethics Commi						
С	Our Kids Dream					
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 500.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR L	ABOR ORGANIZATION	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COR ORGANIZATION	PORATION OR LABOR	\$			
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR	OR ORGANIZATION	\$			
7.	SCHEDULE E: LOANS		\$			
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$			
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$			
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$			
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Our Kids Dream 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Jodi Snow 500.00 04/04/2019 6 Contributor address; City; State; Zip Code 4236 Jenny Lake Trail Fort Worth, TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accounting / Finance Christian Cable Group, Inc. Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:___ Date Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.