

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Vote YES FOR KELLER SCHOOLS		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	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year DESCRIPTION KELLER ISD BOND

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,890 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,812 ⁰²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,172 ⁷²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 16, Election Code.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Mueller this the 27 day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jesse Luna
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME VOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHANE HARDIN	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3612 BURGES CT. KELLER TX 76244		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ERIC... HANNFELD	Amount of contribution (\$) 2,500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 BAILEY AVE STE 200 FT WORTH 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sandra Day - Peck	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1804 Summit Ct Keller TX 76262		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Beverly Dixon	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 408 Forest Lakes Ct Keller TX 76248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LINDA TRINE	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 917 Greenbriar Dr Keller TX 76248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 10/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Amanda Bigbee	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 306 Eastwood Drive Keller TX 76248		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAVID GERDA	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1485 S MAIN ST KELLER TX 76248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DEREK SCHREIHOFFER	Amount of contribution (\$) 75⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9732 Armour Dr Keller TX 76244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LARRY WEST	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 TULIP TREE DA FT WORTH 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TOM HALLFORD	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4209 Doe Creek Tr Keller TX 76244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 3	
2 FILER NAME NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 10/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LARA BRADSHAW	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9129 TIDWELL DR FT WORTH 76244		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) RACHEL BASHAM	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1557 SARAH BROOKS DR KELLER TX 76246		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PETER STAMPS	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11604 Phiasant Creek Dr Ft Worth TX 76244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CINDY DAVIS	Amount of contribution (\$) 20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7469 Teal Dr Ft Worth TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARGARET RIDGENT	Amount of contribution (\$) 20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1441 Page Keller TX 76248		(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.

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: 2	
2 FILER NAME NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/24/14	5 Corporation / Labor Organization name VLIK ARCHITECTS	7 Amount of contribution (\$) 5,000⁰⁰	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code 2821 W. 7th St, SUITE 300 FT WORTH 76107	(if travel outside of Texas, complete Schedule T)	
Date 9/29/14	Corporation / Labor Organization name POQUE CONSTRUCTION	Amount of contribution (\$) 5,000⁰⁰	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 1512 Bray Central Dr. Suite 300 McKinney TX 75069	(if travel outside of Texas, complete Schedule T)	
Date 9/25/14	Corporation / Labor Organization name TNP	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 1100 Macon St. Ft Worth 76102	(if travel outside of Texas, complete Schedule T)	
Date 9/29/14	Corporation / Labor Organization name CORGAN ASSOCIATES	Amount of contribution (\$) 4,000⁰⁰	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 401 N HOUSTON ST DALLAS TX 75202	(if travel outside of Texas, complete Schedule T)	
Date 9/29/14	Corporation / Labor Organization name NORTHSTAR BUILDERS GROUP	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 270 N DENTON TAP SUITE 250 COPPELL TX 75019	(if travel outside of Texas, complete Schedule T)	
Date 10/8/14	Corporation / Labor Organization name CORGAN ASSOCIATES	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 401 N HOUSTON ST DALLAS TX 75202	(if travel outside of Texas, complete Schedule T)	

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: 2	
2 FILER NAME NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 10/13/14	5 Corporation / Labor Organization name UNITED EDUCATORS ASSOCIATION INC. 6 Corporation / Labor Organization address; City; State; Zip Code 4900 SE Loop 820 Suite 200 FT WORTH 76140	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
Date 10/14/14	Corporation / Labor Organization name POCOE CONSTRUCTION Corporation / Labor Organization address; City; State; Zip Code 1512 Bray Central Dr Suite 300 McKinney TX 75069	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

NOTE YES FOR KELLER SCHOOLS

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

10/6/14

7 Name of lender

SHANE HARDIN

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

9 Loan Amount (\$)

252.60

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

3612 BURGEE CT
KELLER TX 76244

10 Interest rate

0%

11 Maturity date

10/31/14

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See instructions)

20 Employer (See instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expenses
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 2 FILER NAME: NOTE YES FOR KELLER SCHOOLS 3 ACCOUNT # (Ethics Commission Filer):

4 Date: 9/27/14 5 Payee name: PRINT PLACE

6 Amount (\$): 114.52 7 Payee address: City: State: Zip Code
1130 Ave. H. East
Arlington TX 76011

8 PURPOSE OF EXPENDITURE: Advertising Expense
(a) Category (See categories listed at the top of this schedule)
(b) Description (If travel outside of Texas, complete Schedule T)
Business Cards
 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: 9/29/2014 Payee name: KELLER MAIN STREET DEPOT

Amount (\$): 100.00 Payee address: City: State: Zip Code
204 S Main St
Keller TX 76248

PURPOSE OF EXPENDITURE: Office Overhead/Rental Expense
Category (See categories listed at the top of this schedule)
Description (If travel outside of Texas, complete Schedule T)
Meeting Room Rental
 Check if Austin, TX, officeholder living expense

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

Date: 9/30/2014 Payee name: Tom Thuma

Amount (\$): 9.62 Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Food/Beverage Expense
Category (See categories listed at the top of this schedule)
Description (If travel outside of Texas, complete Schedule T)
Refreshments
 Check if Austin, TX, officeholder living expense

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

Date: 10/23/14 Payee name: SMART SIGN

Amount (\$): 21.39 Payee address: City: State: Zip Code
32 Court St. Suite 2106
Brooklyn NY 11201

PURPOSE OF EXPENDITURE: Office Overhead/Rental Expense
Category (See categories listed at the top of this schedule)
Description (If travel outside of Texas, complete Schedule T)
Names
 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME VOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/4/14	5 Payee name GO DADDY
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6 Amount (\$) 13.17	7 Payee address; City; State; Zip Code 14155 N Hayden Rd Ste 226 Scottsdale AZ 85260
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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) Domain Name <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 10/4/14	Payee name SHANE HARDIN
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Amount (\$) 4,779.99	Payee address; City; State; Zip Code 3612 BURGEE CT KELLER TX 76244
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT	Description (If travel outside of Texas, complete Schedule T) LOAN REPAYMENT SANS-SHIPING <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 10/10/14	Payee name STAPLES
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Amount (\$) 5.00	Payee address; City; State; Zip Code SOUTLAKE TX 76092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Photocopies <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 10/14/14	Payee name TOM THUMB
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Amount (\$) 2.70	Payee address; City; State; Zip Code KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Refreshments <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

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 Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME NOTE YES FOR KELLER SCHOOLS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/13/14		5 Payee name INSTALL CONNECT LLC			
6 Amount (\$) 1750⁰⁰		7 Payee address; City; State; Zip Code			
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) Installation of Road Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 10/20/14		Payee name Pizza Hut			
Amount (\$) 29²⁴		Payee address; City; State; Zip Code Keller TX 76248			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Refreshments <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 10/21/14		Payee name STAPLES			
Amount (\$) 45⁶⁶		Payee address; City; State; Zip Code Southlake TX 76092			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Photocopies <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 10/21/14		Payee name Tom Thums			
Amount (\$) 2⁷⁰		Payee address; City; State; Zip Code Keller TX 76248			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Refreshments <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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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 Expenses | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 4	2 FILER NAME Vote Yes For Keller Schools	3 ACCOUNT # (Ethics Commission Files)
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4 Date 10/24/14	5 Payee name Kelly Graphics
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6 Amount (\$) 14,873 ³³	7 Payee address: City; State; Zip Code 1407 Quaker Ridge Austin TX 78746
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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) Printing & Postage <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 10/24/14	Payee name UNITED STATES POSTAL SERVICE
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Amount (\$) 5 ⁷⁵	Payee address: City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) Overnight Shipping <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 VARIOUS	Payee name PAYPAL
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Amount (\$) 1898	Payee address: City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit card processing fees <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	Payee name
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Amount (\$)	Payee address: City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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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