

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

RECEIVED  
DALLAS SECRETARY  
MAR 22 5:28  
TEXAS

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 COMMITTEE NAME

**CITIZENS FOR RESPONSIBLE PAY**

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

Change of Address

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

**c/o Mr. Mark Sinclair  
2121 San Jacinto Street  
Suite 1500  
Dallas, TX 75201**

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

**Mr. Mark**

NICKNAME LAST SUFFIX

**Sinclair**

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

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

**2121 San Jacinto Street  
Suite 1500  
Dallas, TX 75201**

7 CAMPAIGN TREASURER'S MAILING ADDRESS

Change of Address

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

**2121 San Jacinto Street  
Suite 1500  
Dallas, TX 75201**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

**( 214 ) 969-8595**

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 8th day before election
- Runoff
- Exceeded \$500 limit
- Dissolution (attach PAC-DR)
- 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year  
**01 / 01 / 2004 THROUGH 03 / 12 / 2004**

11 ELECTION

ELECTION DATE  
Month Day Year

**05 / 04 / 2002**

ELECTION TYPE

- Primary
- Runoff
- General
- Special

GO TO PAGE 2

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

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE  
NAME

ACCOUNT #  
(Ethics Commission filers)

**CITIZENS FOR RESPONSIBLE PAY**

13 COMMITTEE  
PURPOSE

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

SUPPORT  
(Candidate or Measure)

OPPOSE  
(Candidate or Measure)

ASSIST  
(Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

05 / 04 / 2002

DESCRIPTION

**Referendum on proposed immediate 17%  
pay increase for police and firefighters.**

14 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

EXPENDITURE  
TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 11,957.53

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

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.

*Mark Sinclair*  
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Sinclair, this the 12 day of March, 20 04, to certify which, witness my hand and seal of office.

*Caroline F. Whitlock*  
Signature of officer administering oath

Caroline F. Whitlock  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

**1**

2 FILER NAME

**CITIZENS FOR RESPONSIBLE PAY**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

**Citizens in Support of Dallas  
County Community College District**

7 Amount (\$)

6 Payee address; City; State; Zip Code

**c/o Mark Sinclair, Treasurer  
2121 San Jacinto Street, Suite 1500  
Dallas, TX 75201**

**11,957.53**

8 Purpose of payment (See instructions regarding type of information required.)

**Contribution to Citizens in Support  
of DCCCD.**

9 -- Complete 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 payment (See instructions regarding type of information required.)

-- Complete 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 payment (See instructions regarding type of information required.)

-- Complete 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 payment (See instructions regarding type of information required.)

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

CITIZENS FOR RESPONSIBLE PAY

2 ACCOUNT #  
(Ethics Commission filers)

3

### Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

*Mark Sinclair*  
\_\_\_\_\_  
Signature of campaign treasurer

**DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Sinclair, this the 12 day of March, 20 04, to certify which, witness my hand and seal of office.

*Caroline F. Whitlock*  
\_\_\_\_\_  
Signature of officer administering oath

Caroline F. Whitlock  
\_\_\_\_\_  
Printed name of officer administering oath

Notary  
\_\_\_\_\_  
Title of officer administering oath