

**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: **15**

3 COMMITTEE NAME

Vote Yes for Dallas Parks

OFFICE USE ONLY

Date Received

CITY SECRETARY
DALLAS, TEXAS

2017 NOV 15 AM 11:55

RECEIVED

4 COMMITTEE ADDRESS

Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
**325 N. St. Paul St. Dallas, TX
Suite 2210 75201**

Date Hand-delivered for Date Postmarked

Receipt #

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS, MRS, **MR**, FIRST MI, LAST SUFFIX
Robert Kent

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
4512 Swiss Ave., Apt. 2 Dallas, TX 75204

7 CAMPAIGN TREASURER MAILING ADDRESS

Change of Address

STREET ADDRESS OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
#4 above

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(409) 615-5448

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
9 / 29 / 2017 THROUGH **11 / 8 / 2017**

11 ELECTION

ELECTION DATE: Month Day Year
11 / 7 / 17

ELECTION TYPE:
 Primary Runoff Other Description
 General Special

GO TO PAGE 2

175241

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Vote Yes for Dallas Parks 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 / # Propositions B & C ELECTION DATE 11 / 7 / 2017
Month Day Year

DESCRIPTION
Parks and rec facilities bond measure

| | | | |
|-------------------------|----|--|--------------|
| 15 CONTRIBUTION TOTALS | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 105.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 22,366.16 |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 126.70 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ 13,757.22 |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 297.78 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ NA |

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 15, Election Code.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Braxton Kent, this the 14 day of November, 2017 to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath
Benito Javier Aguilar Title of officer administering oath

BENITO JAVIER AGUILAR
My Commission Expires
June 9, 2019



000002

SUBTOTALS - SPAC

**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME *Vote Yes for Dallas Parks* 18 Filer ID (Ethics Commission Filers)

| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 11,555.00 |
| 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 | \$ 2,500.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 8,311.16 |
| 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 | \$ 13,757.22 |
| 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: 5 |
| 2 FILER NAME Vote Yes for Dallas Parks | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/19/17 and 10/10/17 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Kent | 7 Amount of contribution (\$) \$45.00 |
| 6 Contributor address; City; State; Zip Code 4512 Swiss Ave #2 Dallas, TX 75204 | | |
| 8 Principal occupation / Job title (See Instructions) - not required - | | 9 Employer (See Instructions) |
| Date 10/4/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Abtahi | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 1210 N. Clinton Ave. Dallas, TX 75205 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/9/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lawrence Dale | Amount of contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 2100 RAD Ave, Ste 1570 Dallas, TX 75201 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/10/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Terry | Amount of contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 5950 Berkshire Lane Ste 400 Dallas, TX 75225 | | |
| 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **5**

2 FILER NAME **Vote YES for Dallas Parks** 3 Filer ID (Ethics Commission Filers)

| | | |
|--|---|--|
| 4 Date 10/10/17 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Graham | 7 Amount of contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code 4905 Radbrook Pl., Dallas, TX 75220 | | |

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

| | | |
|---|--|--|
| Date 10/10/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garrett Boone | Amount of contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code 5949 Sherry Lane, Dallas, TX 75225 Stc. 1010 | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | |
|--|---|--|
| Date 10/11/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erle and Alice Mye | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 12211 Creek Forest Drive Dallas, TX 75230 | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | |
|---|--|--|
| Date 10/11/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walt Humann | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 1900 N. Akard Dallas, TX 75201 | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **5**

2 FILER NAME **Vote Yes for Dallas Parks**

3 Filer ID (Ethics Commission Filers)

4 Date
10/14/17

5 Full name of contributor out-of-state PAC (ID# _____)
Nancy Shutt

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5310 Park Lane Dallas, TX 75220

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/15/17

Full name of contributor out-of-state PAC (ID# _____)
Susan and Robert Bosin

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1165 Fairway West ~~Highway~~ TX 75771

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/16/17

Full name of contributor out-of-state PAC (ID# _____)
Gary Loper

Amount of contribution (\$)

Contributor address; City; State; Zip Code
839 S. Good Latimer Expy #2104 Dallas, TX 75226

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/16/17

Full name of contributor out-of-state PAC (ID# _____)
Delia Jasso

Amount of contribution (\$)

Contributor address; City; State; Zip Code
821 Haines Ave. Dallas, TX 75206

\$1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Vote Yes for Dallas Parks | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/16/17 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michele Renault-Rutt 6 Contributor address; City; State; Zip Code 6710 La Magna Dr. Dallas, TX 75248 | 7 Amount of contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/16/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David and Cindy Bailey Contributor address; City; State; Zip Code 5516 Gaston Ave. Dallas, TX 75214 | Amount of contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/16/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Dickey Contributor address; City; State; Zip Code 3134 Lockmoor Ln. Dallas, TX 75220 | Amount of contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/16/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaron Davis Contributor address; City; State; Zip Code 12456 Montego Plaza Dallas, TX 75230 | Amount of contribution (\$) \$10.00 |
| 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 5

2 FILER NAME Vote Yes for Dallas Parks

3 Filer ID (Ethics Commission Filers)

4 Date 10/16/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Melanie Voss

7 Amount of contribution (\$)

6 Contributor address; City: State: Zip Code
6546 Orville Dr - Dallas, TX 75209

\$20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 10/18/17

Full name of contributor out-of-state PAC (ID#: _____)
Amy Manier

Amount of contribution (\$)

Contributor address; City: State: Zip Code
6625 Ridgeway Circle Dallas, TX 75240

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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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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: Vote Yes for Dallas Parks | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: 10/16/17 | 5 Corporation / Labor Organization name: Marnott AC and Residence Inn Hotel 6 Corporation / Labor Organization address; City; State; Zip Code: clo Cantas Capital Group Dallas, TX 1722 Roth St, Ste 800 75201 | 7 Amount of contribution (\$): \$2,500.00 |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C2: <u>1</u> | |
| 2 FILER NAME <u>Vote yes for Dallas Parks</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <u>9/29</u> TO <u>11/7/17</u> | 5 Corporation / Labor Organization name <u>The Trust for Public Land</u> | 7 Amount of Contribution \$ <u>\$8,311.16</u> | 8 In-kind contribution description <u>in-kind staff contributions</u> |
| 6 Corporation / Labor Organization address; City; State; Zip Code <u>101 Montgomery St. 9th Fl. San Francisco, CA 94104</u> | | <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4** 2 FILER NAME **Vote Yes for Dallas Parks** 3 Filer ID (Ethics Commission Filers)

4 Date **10/16/17** 5 Payee name **Office Depot**

6 Amount (\$) **\$19.90** 7 Payee address; City: State: Zip Code
Store #214, Dallas, TX

8 PURPOSE OF EXPENDITURE
office overhead

(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 **10/10/17** Payee name **Reilly Echols Printing, Inc.**

Amount (\$) **\$216.09** Payee address; City: State: Zip Code
P.O. Box 152358, Dallas, TX 75315

PURPOSE OF EXPENDITURE
Printing expense

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 **10/16/17** Payee name **Rodeo Goat**

Amount (\$) **\$605.34** Payee address; City: State: Zip Code
1926 Market Center Blvd., Dallas, TX 75207

PURPOSE OF EXPENDITURE
event expense

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

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: 4 | 2 FILER NAME Vote Yes for Dallas Arts | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 10/18/17 | 5 Payee name iStock by Getty Images | | | | | |
| 6 Amount (\$) \$25.98 | 7 Payee address: City: State: Zip Code www.istockphoto.com | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:19%;">Office held</td> </tr> </table> | | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | |
| Date 10/21/17 | Payee name GPS Impact | | | | | |
| Amount (\$) \$10,000.00 | Payee address: City: State: Zip Code 220 SE 6th St., #330, Des Moines, IA 50309 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:19%;">Office held</td> </tr> </table> | | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | |
| Date 10/22/17 | Payee name Union | | | | | |
| Amount (\$) \$117.50 | Payee address: City: State: Zip Code 5622 Byer St., Ste 100, Dallas, TX 75206 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:19%;">Office held</td> </tr> </table> | | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | |

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME: VOTE YES FOR DALLAS PARKS | 3 Filer ID (Ethics Commission Filers) |
|--|---|---------------------------------------|

| | |
|----------------------------|-------------------------------|
| 4 Date: 10/22/17 | 5 Payee name: UNION |
|----------------------------|-------------------------------|

| | |
|-----------------------------------|--|
| 6 Amount (\$): \$ 35.00 | 7 Payee address: City: State: Zip Code: 5622 Dyer St, Ste. 100, Dallas, TX 75206 |
|-----------------------------------|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Event 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 |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|--|
| Date: 10/24/17 | Payee name: Union Coffee House |
|--------------------------|--|

| | |
|---------------------------------|---|
| Amount (\$): \$ 28.32 | Payee address: City: State: Zip Code: 5622 Dyer St., Ste. 100, Dallas, TX 75206 |
|---------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Event expense | Description: <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|--|
| Date: 10/25/17 | Payee name: Reilly Echols Printing, Inc. |
|--------------------------|--|

| | |
|---|--|
| Amount (\$): \$ 220 \$ 211.09 | Payee address: City: State: Zip Code: PO. BOX 152358, Dallas, TX 75315 |
|---|--|

| | | |
|-------------------------------|--|--|
| 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 |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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: <u>4</u> | 2 FILER NAME: <u>Vote Yes for Dallas Parks</u> | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|-------------------------------|--|
| 4 Date: <u>11/8/17</u> | 5 Payee name: <u>GPS Impact</u> |
|-------------------------------|--|

| | |
|---|--|
| 6 Amount (\$): <u>\$2,500.00</u> | 7 Payee address; City; State; Zip Code: <u>270 SE 6th St., #330, Des Moines, IA 50309</u> |
|---|--|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Advertising expense</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

Vote Yes for Dallas Parks

2 Filer ID (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.

[Handwritten Signature]

[Handwritten Signature]
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 Robert Browder Kent, this the 14 day of November, 20 17, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Benito Javier Aguilar
Printed name of officer administering oath

Benito Javier Aguilar
Title of officer administering oath