

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

3 COMMITTEE NAME

*Adventure Tx PAC*

OFFICE USE ONLY

Date Received

*JAN 15 2014*

*4:15 P.M. AB*

4 COMMITTEE ADDRESS

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

*5040 Tennyson Pkwy Plano TX 75024*

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

*Mr. Zachary L.*  
*Zach* *James*

NICKNAME LAST SUFFIX

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

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

*5040 Tennyson Pkwy Plano, TX 75024*

7 CAMPAIGN TREASURER'S MAILING ADDRESS

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

*5040 Tennyson Pkwy Plano, TX 75024*

change of address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

*(972) 672-4807*

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year      THROUGH      Month Day Year

*11 / 18 / 13*

THROUGH

*12 / 31 / 13*

*(25)*

11 ELECTION

ELECTION DATE  
Month Day Year

*/ /*

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

*Adventure Tx PAC*

ACCOUNT # (Ethics Commission Filers)

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

DESCRIPTION

*Legislation of legal sale of beer to the off premise only & legislation of legal sale of Mixed beverages*

14 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)

\$ —

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ *145.87*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

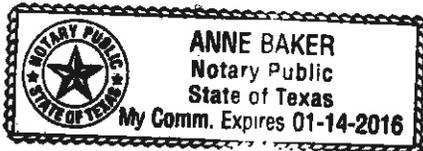
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.



*[Signature]*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ZACHARY JAMES, this the 15th day of JANUARY, 20 14, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

ANNE BAKER  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Adventure TX PAC</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name <i>Star Telegram Advertising</i>
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <i>400 W 7th Fort Worth, TX 76102</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>For local gov election announcement</i>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>[Signature]</i>	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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 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" \*\*

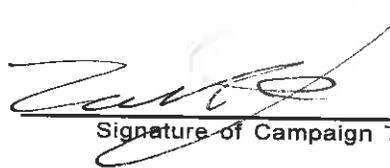
1 COMMITTEE NAME

*Aventure TX PAC*

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.



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 \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath