#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080018 3 COMMITTEE NAME **OFFICE USE ONLY** Protect Colleyville Date Received **ELECTRONICALLY FILED** 04/29/2016 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1073 Date Hand-delivered or Date Postmarked Change of Address Colleyville, TX 76034 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Mark L. NAME NICKNAME LAST **SUFFIX** Harrison STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1421 Douglas Ave. STREET **ADDRESS** (Residence or Business) Colleyville, TX 76034 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 1073 MAILING **ADDRESS** Colleyville, TX 76034 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 319-3945 **PHONE** REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 03/29/2016 04/27/2016 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/07/2016 χ General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME Protect Colleyville				13 Filer ID 000800	(Ethics Commission Filers)
-		<del></del>		000000	
.4 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		A Cumported			
	Measures     (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION			CONTRIBUTIONS (OTHER THAN	\$	250.00
TOTALS	PLEDGES, LOANS, check here if this report		TEES OF LOANS) higher itemization threshold	٦	250.00
	2. TOTAL POLITICA	AL CONTRIB	UTIONS	\$	0.205.00
	(OTHER THAN PLE	EDGES, LOAN	S, OR GUARANTEES OF LOANS)		8,295.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURI	ES OF \$100 OR LESS, UNLESS ITE	s s	0.00
	4. TOTAL POLITICA	AL EXPENDIT	TURES	\$	11,407.21
CONTRIBUTION	5. TOTAL POLITICAL	CONTRIBUTIO	ONS MAINTAINED AS OF THE LAST		
BALANCE	OF THE REPORTIN	IG PERIOD		\$	4,411.20
OUTSTANDING			ALL OUTSTANDING LOANS AS OF	THE \$	0.00
LOAN TOTALS	LAST DAY OF THE	REPORTING I	PERIOD 		0.00
L6 AFFIDAVIT	<u> </u>				
			I swear, or affirm, under penalty of ptrue and correct and includes all infounder Title 15, Election Code.		
			Mr. Mark	L. Harriso	n
			Signature of Ca	ampaign Tre	asurer
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrik	ned hefore me, by the said		,	this the	day
	, 20, to certify			uno uno	uu
C		***************************************	Thy Haira and 33ai 2. 222.		
Signature of officer	administering oath	Printed name	of officer administering oath	Title of o	officer administering oath

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

				3	of 10
l		EE NAME Dileyville	<b>18</b> Filer ID 00080018	(Ethics Commission File	ers)
	HEDULI				
l		SCHEDULE		SUBTOTAL AMOU	UNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,	,295.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 7	,638.21
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 3	,769.00
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	103.68
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/10	
2	FILER NAME Protect Colle			3	Filer ID (Ethics Commission 00080018	on Filers)
4	Date 04/24/2016	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$75.00
_		Colleyville, TX 76034				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/21/2016	Full name of contributor out-of-state PAC (ID#:_ Allen, Joe and Kay (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Colleyville, TX 76034				
	Principal occu Veterinarian	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/04/2016	Full name of contributor out-of-state PAC (ID#:_ Beall, Robert & Shelley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Colleyville, TX 76034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2016	Full name of contributor out-of-state PAC (ID#:_ Cash, Miscellaneous Contributor address; City; State; Zip Code Colleyville, TX 76034			Amount of Contribution (\$)	\$820.00
	Principal occu Unknown	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/13/2016	Full name of contributor out-of-state PAC (ID#:_ Durham, Robert  Contributor address; City; State; Zip Code  Colleyville, TX 76034	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/10	
2	FILER NAME Protect Colle			3	Filer ID (Ethics Commission 00080018	n Filers)
4	Date 04/24/2016	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Fava,</li> <li>6 Contributor address; City; State; Zip Code</li> <li>TX</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/21/2016	Full name of contributor out-of-state PAC (ID#:_Fulghum, Joseph and Kelly  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Colleyville, TX 76034 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2016	Full name of contributor out-of-state PAC (ID#:_ Himmelberg, Marty and Rebecca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Colleyville, TX 76034 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2016	Full name of contributor out-of-state PAC (ID#: lvey, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Colleyville, TX 76034 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/15/2016	Full name of contributor out-of-state PAC (ID#: Ivey, James & Madelyn Contributor address; City; State; Zip Code  Colleyville, TX 76034			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/10	
2	FILER NAME Protect Colle	eyville		3	Filer ID (Ethics Commission 00080018	on Filers)
4	Date 04/15/2016	5 Full name of contributor out-of-state PAC (ID#:_ Johnson, Larry  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
•	Dringing! goog	Colleyville, TX 76034	Employer (Coo Instructions			
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 04/20/2016	Full name of contributor out-of-state PAC (ID#:_ Mavis, Beverly  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu	Colleyville, TX 76034 pation / Job title (See Instructions)	Employer (See Instructions	,		
	Timolpai occa	pation 7 oob title (occ motivations)	Employer (See mandellons	,		
	Date 04/15/2016	Full name of contributor out-of-state PAC (ID#:_ Midtbo, Lawrence Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Colleyville, TX 76034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/24/2016	Full name of contributor out-of-state PAC (ID#:_ Moore, Stuart and Martha Contributor address; City; State; Zip Code Colleyville, TX 76034	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/11/2016	Full name of contributor out-of-state PAC (ID#:_ Render, Robert Contributor address; City; State; Zip Code Colleyville, TX 76034			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/10
2 FILER NAME Protect Colleyville	3 Filer ID (Ethics Commission Filers) 00080018
4 Date 04/15/2016 5 Full name of contributor out-of-state PAC (ID#:) Skinner, Mark and Valerie 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$500.00
Colleyville, TX 76034	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	)
Date Full name of contributor out-of-state PAC (ID#:)  O4/15/2016 Young, Brad & Beverly  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$100.00
Colleyville, TX 76034  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	)

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 8/10	Protect Colleyville 00080018
4 Date	5 Payee name
04/05/2016	91 Design
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,173.43	4115 Steeplechase
Expenditure from corporate funds	Colleyville, TX 76034
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  50 signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2016	Gardner & Brashear
Amount (\$)	Payee address; City; State; Zip Code
\$6,464.78	124 S. Main Street
	Suite 217
Expenditure from corporate funds	Keller, TX 76248
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Payment for consulting expense
	Tayment for consulting expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) 00080018 Sch: 1/1 Rpt: 9/10 Protect Colleyville \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/14/2016 **DFW Direct Marketing** Amount (\$) Payee address; State; Zip Code \$3,769.00 Expenditure from Dallas, TX 76034 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailer 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

Sch: 1/1 Rpt: Protect Colleyville 00080018  4 Date 04/12/2016 Facebook  6 Amount (\$) 7 Payee Address; City; State; Zip 1601 Willow Road  Expenditure from corporate funds Menlo Park, CA 94024  8 PURPOSE OF EXPENDITURE  Date 04/24/2016 paypal  Amount (\$) Payee name paypal  Amount (\$) Payee Address; City; State; Zip 26 instructions for examples of acceptable categories (b) Description (See instructions regarding type of information required. Facebook fees	MADETRO	MIT GETTIGAE GONTRIBOTIONS
Sch: 1/1 Rpt: Protect Colleyville 00080018  4 Date 04/12/2016 5 Payee name Facebook  6 Amount (\$) 7 Payee Address; City; State; Zip 1601 Willow Road Menlo Park, CA 94024  8 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required. Facebook fees  Date 04/24/2016 paypal  Amount (\$) Payee Address; City; State; Zip 2211 N. First Street  Expenditure from corporate funds San Jose, CA 95131  PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. San Jose, CA 95131  PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Transaction Fees		The Instruction Guide explains how to complete this form.
O4/12/2016 Facebook  Amount (\$) 7 Payee Address; City; State; Zip 1601 Willow Road  Expenditure from corporate funds  Menlo Park, CA 94024  8 PURPOSE OF EXPENDITURE  Date Payee name paypal  Amount (\$) Payee Address; City; State; Zip 28.64  Expenditure from corporate funds  Payee Address; City; State; Zip 28.64  Category (See instructions for examples of acceptable categories)  Purpose OF San Jose, CA 95131  Purpose OF See instructions for examples of acceptable categories)  (b) Description (See instructions regarding type of information required. See instructions regarding type of information required. See instructions regarding type of information required. See instructions regarding type of information required. Transaction Fees		
T5.04  Expenditure from corporate funds  Menlo Park, CA 94024  8 PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Fees  (b) Description (See instructions regarding type of information required. Facebook fees  Date Payee name paypal  Amount (\$) Payee Address; City; State; Zip  28.64  Expenditure from corporate funds  San Jose, CA 95131  PURPOSE OF (See instructions for examples of acceptable categories)  (b) Description (See instructions regarding type of information required. Transaction Fees		
PURPOSE OF EXPENDITURE  (a) Category (See instructions for examples of acceptable categories) Fees  Payee name paypal  Amount (\$) Payee Address; City; State; Zip 2211 N. First Street  Expenditure from corporate funds  Purpose OF  (b) Description (See instructions regarding type of information required. Facebook fees)  (b) Description (See instructions regarding type of information required. Facebook fees)  (b) Description (See instructions regarding type of information required. See instructions regarding type of information required. Transaction Fees	75.04  Expenditure from	1601 Willow Road
Amount (\$)  Payee Address; City; State; Zip  28.64  Expenditure from corporate funds  Purpose OF  (a) Category (See instructions for examples of acceptable categories) Fees  City; State; Zip  (b) Description (See instructions regarding type of information required.  Transaction Fees	8 PURPOSE OF	
28.64  Expenditure from corporate funds  PURPOSE OF  (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Transaction Fees		
OF Fees Transaction Fees	28.64 Expenditure from	2211 N. First Street
	OF	