


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: 7 |
| 3 COMMITTEE NAME FLOMOZO'S | | OFFICE USE ONLY | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4112 HIGH RD FLOWER MOUND TX 75022 | | Date Received  RECEIVED JAN 15, 2021 Town of Flower Mound Town Secretary's Office Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI BRYAN C NICKNAME LAST SUFFIX WEBB | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAME | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (972) 816 5661 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 46 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Dissolution Report (Attached PAC-PR) PAC-DR <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 10 / 27 / 2020 THROUGH 01 / 15 / 2021 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11 / 03 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description: _____ | | |

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

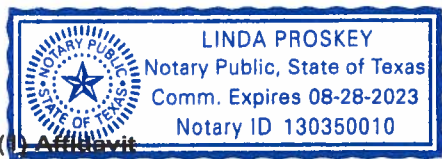
12 COMMITTEE NAME FLOMO20'S 13 Filer ID (Ethics Commission Filers)

| | | |
|--|--|--|
| 14 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 checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER | CANDIDATE / OFFICEHOLDER NAME <u>CLAUDIO FOREST DAVID JOHNSON</u> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>FMTC PL 5 FMTC PL 2</u> |
| | <input type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>11/03/2020</u> DESCRIPTION |

| | | |
|-------------------------|---|------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 - |
| | <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold | |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ - 0 - |
| | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ - 0 - |
| CONTRIBUTION BALANCE | 4. TOTAL POLITICAL EXPENDITURES | \$ 2034.63 |
| | 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 - |

16 SIGNATURE 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 (Declarant)



Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bryan Webb, this the 15th day of Jan, 20 21, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Linda Proskey Title of officer administering oath Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state) (zip code)(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

| | | |
|---|--|--|
| 17 COMMITTEE NAME <i>FLOMEZO'S</i> | | 18 Filer ID (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 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 | | \$ <i>133463</i> |
| 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ <i>700⁰⁰</i> |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 2 | 2 FILER NAME FLOMOZO'S | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|---------------------------------------|

| | |
|--------------------------|--|
| 4 Date 10/2/20 | 5 Payee name HILLSIDE FINE GRILL |
|--------------------------|--|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$12.63 | 7 Payee address; City; State; Zip Code 3140 FM 407 HIGHLAND VILLAGE TX |
|---------------------------------|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FOOD/BEV | (b) Description GRATUITY FOR TREN REPUTED ITEM |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/3/20 | Payee name JAKES |
|------------------------|----------------------------|

| | |
|------------------------------|---|
| Amount (\$) 135.00 | Payee address; City; State; Zip Code 1141 FM RD FM TX 75028 |
|------------------------------|---|

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

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

| | |
|------------------------|--------------------------------|
| Date 11/3/20 | Payee name UTZBAND'S |
|------------------------|--------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) 1152.10 | Payee address; City; State; Zip Code 1121 FM RD FM TX 75028 |
|-------------------------------|---|

| | | |
|------------------------|---|-----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FOOD BEV | Description WATCH PARTY |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 2 | 2 FILER NAME FLEMING'S | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/30/20 | 5 Payee name CHASE | |
| 6 Amount (\$) 12.00 | 7 Payee address; City; State; Zip Code FM TX 75022 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FEE'S | (b) Description BANK FEE |
| | (c) <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 12/30/20 | Payee name CHASE | |
| Amount (\$) 12.00 | Payee address; City; State; Zip Code FM TX 75022 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEE'S | Description BANK FEE |
| | <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 01/15/21 | Payee name CHASE | |
| Amount (\$) 10.90 | Payee address; City; State; Zip Code FM TX 75022 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEE'S | Description BANK FEE |
| | <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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule I: <u>1</u> | 2 FILER NAME <u>FLO MO 20¹⁵</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/13</u> | 5 Payee name <u>SUMMIT CLUBS OF FM</u> | |
| 6 Amount (\$) <u>\$700⁰⁰</u> | 7 Payee address; City State Zip Code <u>1901 LONG PRAIRIE RD FM TX 75022</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) <u>DONATION TO NON PROFIT</u> | (b) Description (See instructions regarding type of information required.) <u>GIFT CARD FOR SANTA COPS EVENT</u> |
| | Date | Payee name |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Date | Payee name |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Date | Payee name |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Date | Payee name |
| Amount (\$) | Payee address; | City State Zip Code |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE STATEMENT 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" --

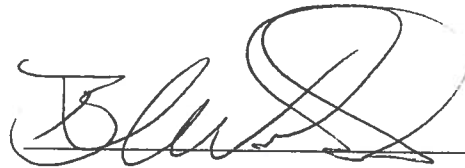
1 COMMITTEE NAME

FLOMOTO'S

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

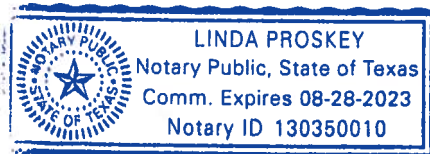
I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has 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

Please complete either option below:



(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bryan Webb, this the 15th day of April, 2021, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Linda Prosky Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code)(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Campaign Treasurer (Declarant)